**Continuing Education Provider Address Change Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Maine Provider # | Public Phone # & Extension | Fax # | FEIN # |
| Provider Name |
| Contact Person | Contact Person Phone # |
| Mailing Address Street or PO Box |
| City | State | Zip Code include 4 digit extension |
| E-mail Address |

**Note:** **Please use this form or format for any changes in your address or contact information in the future.**

This form can be faxed (207) 624-8599 or e-mailed to: dawn.kilgore@maine.gov or mailed:

**Maine Bureau of Insurance**

 **34 State House Station**

 **Augusta ME 04333-0034**

If you have any questions, please call: 207-624-8411.

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