



PHYSICAL THERAPY NAME/ADDRESS CHANGE FORM

Important Notice:

All name/address changes are completed in approximately 7-10 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The name/address change may be faxed, emailed, or mailed to the Board office. For an immediate change of your address (no name change), or if you wish to receive an updated license with this change prior to the next renewal, [click here](#) to go online.

CURRENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	Suffix
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF BIRTH (MM/DD/YY)	LAST 4 DIGITS OF SOCIAL SECURITY NO XXX-XX- ____ _		
LICENSE NUMBER			

TYPE OF CHANGE (CHECK ALL THAT APPLY)

<input type="checkbox"/> CHANGE OF NAME	<p style="text-align: center;">A copy of one of the following documents* must accompany a name change request. 1. Marriage License 2. Court Order 3. Divorce Decree <i>*Driver's licenses, passports, marriage certificates, or Social Security Number cards are not accepted</i></p>	
NEW LAST NAME	FIRST NAME	MIDDLE

<input type="checkbox"/> CHANGE TO ADDRESS OF RECORD			
NEW STREET ADDRESS			
CITY	STATE	ZIP CODE	
Should this new address be used as both your address of record and public address? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, PLEASE PROVIDE A PUBLIC ADDRESS FOR OUR RECORDS:		
	BUSINESS NAME		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE

<input type="checkbox"/> CHANGE OF EMAIL ADDRESS
NEW EMAIL ADDRESS

SIGNATURE OF LICENSEE

DATE