



Arkansas State Board of Physical Therapy

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 Little Rock, AR 72211
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Information Change Request Form

It is the responsibility of the licensee to notify the Board of an address change in writing. The licensee is required to provide written notice to the Board of any change of address within 10 working days of the change.

Instructions:

Type or print

Complete section A and all sections that have changed

Name changes require copies of legal documents, i.e. marriage certificate or divorce decree

| Section A | | | |
|--|----------------------|------------------------------------|-------------------|
| First Name: | Middle Name/Initial: | Last Name: | License #: |
| | | | |
| Section B New Contact Information | | | |
| Address: | | | |
| City: | State: | Zip: | Residence County: |
| | | | |
| Home Phone: | Work Phone: | Email: | |
| | | | |
| Section C Facility Information | | | |
| Facility Name: | Facility City: | Facility State: | |
| | | | |
| | | | |
| | | | |
| Section D Name Change (attach supporting legal documents) | | | |
| First Name: | Middle Name/Initial: | Last Name: | |
| | | | |
| Section E | | | |
| Signature | | Effective Date of New Information: | |
| | | | |