Arkansas Department of Health

Arkansas State Board of Physical Therapy
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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: