



## Arkansas Department of Health

### Arkansas State Board of Physical Therapy

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### Licensure List Request

A licensure list is available by written request. Lists include name, address, city, state and zip code. Please complete the form and mail, fax or email to the Board. The list is emailed to you in Excel format.

#### Please check the professions(s) requested:

Physical Therapists only \_\_\_\_\_

Physical Therapist Assistants only \_\_\_\_\_

Physical Therapists & Physical Therapist Assistants \_\_\_\_\_

#### Other information requested:

#### Email list to:

Name:

Email:

Phone Number: