

**OREGON PHYSICAL THERAPIST LICENSING BOARD
ADDRESS CHANGE FORM**

OAR 848-005-0030 requires all licensees to maintain a current home, mailing, and work address, with corresponding telephone numbers and electronic mail address, on file with the Board at all times. Any change in name, or the address information noted above, must be reported to the Board within 30 days of the event. The notification must be made in writing, and may be submitted to the Board via E-mail, US mail, or by facsimile.

NAME: _____
(Last) (First) (Middle)

LICENSE NUMBER: _____ **EFFECTIVE DATE:** _____
OF CHANGE

MAILING ADDRESS: _____
(Address Line One)

(Address Line Two)

(City, State, Zip)

(Electronic Mail Address to be used by the Board) **PLEASE PRINT LEGIBLY**

HOME ADDRESS: _____
(Street Address)

(City, State, Zip)

(Phone Number + Area Code) (Cell Number + Area Code)

WORK ADDRESS: _____
(Employer Name)

(Street Address or PO Box)

(City, State, Zip)

(Phone Number + Area Code) (Fax Number + Area Code)

LICENSEE SIGNATURE _____ **DATE** _____

Mail or fax this form to: Oregon Physical Therapist Licensing Board
800 NE Oregon Street, Suite 407
Portland, OR 97232-2187
Phone: (971) 673-0200 Fax: (971) 673-0226
E-mail: physical.therapy@state.or.us