OREGON PHYSICAL THERAPIST LICENSING BOARD
NAME CHANGE FORM

OAR 848-005-0030 requires all licensees to maintain a current home, mailing, and work address, with corresponding telephone numbers and electronic mailing 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 changes must be accompanied by supporting documentation (see below). Also include a $25.00 check or money order for processing of a duplicate license with the new name.

NAME: _____
(Last) (First) (Middle) (Maiden)
(Must provide evidence of legal name change, i.e. driver's license, marriage certificate, social security card or other Court document.)

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