

STATE OF ALABAMA BOARD OF PHYSICAL THERAPY

LICENSEE DATA UPDATE FORM

Licensees: it is imperative you notify the Board Office any time you have a change in the following information.
Instructions: Enter all information. Print. Mail, fax, or email to address at the bottom of form.

DATE:	PT LICENSE NO:	PTA LICENSE NO:
NAME:		
First	Middle	Last
MAILING ADDRESS:		
City	State	Zip Code
DAYTIME PHONE:	EMAIL:	
BUSINESS NAME:		
BUSINESS ADDRESS:		
City	State	Zip Code
BUSINESS PHONE: _____		
COMMENTS:		

Signature: _____
Original Signature Required

Return completed form to: **ALABAMA BOARD OF PHYSICAL THERAPY**
100 NORTH UNION STREET, SUITE 724
MONTGOMERY, AL 36130

FAX: (334) 242-3288 EMAIL: info@pt.alabama.gov