



STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
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DATA UPDATE FORM
(Please Print Clearly)

DATE: _____ **LICENSE NO.** _____

NAME _____

MAILING ADDRESS _____

DAYTIME TELE. NO. _____

EMAIL ADDRESS: _____

BUSINESS NAME and ADDRESS: _____

BUSINESS TELE. NO. _____

SIGNATURE: _____

COMMENTS: _____

**IT IS IMPERATIVE YOU NOTIFY US ANY TIME YOU HAVE A
CHANGE IN ANY OF THE ABOVE INFORMATION.**