

STATE OF ALABAMA BOARD OF PHYSICAL THERAPY

LICENSEE DATA UPDATE FORM

Licenses: 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:
CURRENT NAME:		
_____ First	_____ Middle	_____ Last
NEW 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