



State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board

104 Fairlane Drive, Lafayette, LA 70507
 337/262-1043 FAX 337/262-1054

CHANGE OF ADDRESS

The Louisiana Physical Therapy Board is pleased to offer licensees the opportunity to update license address information through this online process. Please print clearly all requested information below.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
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<i>Social Security Number</i> <i>PTA</i>	<i>License Number</i>	<i>PT</i>
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<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number

<i>New Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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New Telephone Number

Change of Work Address

Name of facility

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number

By signing this document, licensee swears or affirms that I am the person whose information is presented here, that I have read the form and that all information provided is true and correct to the best of my knowledge and belief.

Date

Licensee Signature