



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

**REQUEST FOR A DUPLICATE LICENSE**

Licensees requesting a duplicate license (wall license or wallet card) must complete the form below and mail to the board office for processing.

Instructions:

1. Complete all sections of this form.
2. The fee for a replacement wall license is \$50. The fee for a replacement wallet card is \$20.
3. If you choose to mail the request personal checks are acceptable. Make checks payable to "Louisiana Physical Therapy Board". The request may be completed online and payment by credit card is available.
4. If the duplicate license you are requesting is found, either the replacement or original, must be returned to the Board.

Louisiana License Number:		Social Security Number: (Required)	
I am requesting one new wall license. The cost is \$50.		I am requesting a new pocket ID card. The cost is \$20.	
Yes                      No		Yes                      No	
Full Name:			
Address:			
City	State:	Zip Code:	
Please check as many of the following reasons necessary to explain why you are requesting a replacement:			
( ) Printed with the Wrong Name			
( ) Never Received			
( ) Destroyed/Lost			
( ) Stolen-A copy of Police report must be submitted along with this request.			
( ) Other, explain:			

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