

Louisiana Physical Therapy Board
104 Fairlane Drive, Lafayette, LA 70507
Telephone (337) 262-1043 Fax (337) 262-1054

Requests for Mailing Lists

The Louisiana Physical Therapy Board offers a mailing list of all licensed Physical Therapists and Physical Therapist Assistants in the state. The list contains name, address, city, state, and zip code. Physical Therapists and Physical Therapist Assistants listings are separated for distinction. Responses are forwarded within three working days of receipt of the request.

The three formats offered for sale consist of a paper list, a CD, and pressure sensitive labels.

The paper list costs \$65.00 and is offered in alpha or zip code order.

A CD is available in Excel format and costs \$100. This listing can be emailed to you as an attachment if requested.

The list is also available on pressure sensitive labels in either alphabetical or zip code order. The cost for the labels is \$150.00.

To complete this request online, please complete the following information. You will need a valid credit or debit card (MasterCard or Visa or Discover). If not completing this request online, please print this page and provide the required information below and mail to:

Louisiana Physical Therapy Board
104 Fairlane Drive
Lafayette, LA 70507

Payment must accompany the request.

Type of Mailing List Requested			
<input type="checkbox"/>	<input type="checkbox"/> Paper \$65	<input type="checkbox"/> CD \$100	<input type="checkbox"/> Labels \$150
Sort Order Requested			
<input type="checkbox"/>	<input type="checkbox"/> Alpha sort	<input type="checkbox"/> Zip Code	
How do you want the listing forwarded			
<input type="checkbox"/>	<input type="checkbox"/> Mailed	<input type="checkbox"/> Emailed	

AGGREEMENT NOT TO RESELL DATA

I _____, representing _____, agree not to resell, nor to make available to another agency pursuant to another arrangement, the data obtained from the Louisiana Physical Therapy Board on the paper list, CD, or labels produced pursuant to this order form. I further agree not to hold the Louisiana Physical Therapy Board responsible for changes in names, addresses, or licensure status of licensees, which occur after the list, CD, or labels is produced.

Signature: _____ Date: _____