



State of Louisiana  
DEPARTMENT OF HEALTH AND HOSPITALS  
**Louisiana Physical Therapy Board**  
104 FAIRLANE DRIVE | LAFAYETTE, LOUISIANA 70507  
PHONE 337-262-1043 | FAX 337-262-1054  
WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

## LEGAL NAME CHANGE FORM

If you change your name, please submit a Legal Name Change Form to the board with a copy of the legal document enacting the name change (i.e. marriage certificate or divorce decree). You are not required by law to obtain a new wall certificate when you change your name. **This is strictly your choice.**

LOUISIANA PT/PTA LICENSE NO.	SOCIAL SECURITY NO. (REQUIRED)
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### LEGAL NAME IS **CHANGING FROM** THE FOLLOWING

Last Name	First Name	Middle Name
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### LEGAL NAME IS **CHANGING TO** THE FOLLOWING

Last Name	First Name	Middle Name
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### CURRENT CONTACT INFORMATION

Address		
City	State	Zip Code
Email	Phone	

**I am requesting to purchase one new wall certificate in the amount of \$50.**     Yes     No

#### Methods of PAYMENT

1. **Business Check or Money Order** (payable to "Louisiana Physical Therapy Board").

*Mail payment with completed form to the board office at the address below.*

2. **Credit Card** (Visa, MasterCard, Discover)

*A \$3 processing fee will be applied to credit card payments.*

*Provide a phone number (with area code) for credit card payment over the phone:*

#### Remit to:

Louisiana Physical Therapy Board  
104 Fairlane Drive  
Lafayette, LA 70507



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**AFFIDAVIT OF LEGAL NAME CHANGE**

BE IT KNOWN, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me  
 the undersigned Notary in and for the Parish/County of \_\_\_\_\_

personally came and appeared who based upon his/her own personal knowledge and belief declared under oath as follows:

1. His/Her name appears on the following documents as follows:
  - a. Professional Diploma \_\_\_\_\_
  - b. Social Security Card \_\_\_\_\_
  - c. APTA Membership Card \_\_\_\_\_
  - d. State License(s) (Identify State) \_\_\_\_\_
  - e. Certificate of Naturalization, Declaration of Intention, Valid Visa: (Specify)  
 \_\_\_\_\_

2. He/She is also known as (List all names under which He/She is known):  
 \_\_\_\_\_  
 \_\_\_\_\_

His/her legal name and the name which he/she will be known by the Louisiana Physical Therapy Board is (if different from that which appears above, a copy of his/her Marriage Certificate, Divorce Decree, or Court Order must accompany this affidavit):

\_\_\_\_\_

Given (first)	Middle	Surname (last)
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Furthermore, he/she understands and acknowledges that the Louisiana Physical Therapy Board maintains all records in alphabetical order and that he/she will be listed alphabetically under his/her surname (last).

\_\_\_\_\_  
 AFFIANT

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
 NOTARY PUBLIC