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.

<table>
<thead>
<tr>
<th>LOUISIANA PT/PTA LICENSE NO.</th>
<th>SOCIAL SECURITY NO. (REQUIRED)</th>
</tr>
</thead>
</table>

LEGAL NAME IS CHANGING FROM THE FOLLOWING

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

LEGAL NAME IS CHANGING TO THE FOLLOWING

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

CURRENT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>Email</td>
</tr>
</tbody>
</table>

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
2110 W. Pinhook Road, Suite 202
Lafayette, LA 70508
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)

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

Revised: January 9, 2018