



State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

2110 W. PINHOOK ROAD, SUITE 202 | LAFAYETTE, LOUISIANA 70508
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
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