State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board
214 Jefferson St, STE 102 | Lafayette, Louisiana 70501 | 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)**. Do not send originals. 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#	Social Security# (Required)

LEGAL NAME **CHANGING FROM** THE FOLLOWING:

Last Name	First Name	Middle Name

LEGAL NAME **CHANGING TO** THE FOLLOWING:

Last Name	First Name	Middle Name

This form as well as the following affidavit and document enacting name change must be mailed to the board office. Emailed or faxed copies will not be accepted.

Remit to:

Louisiana Physical Therapy Board
214 Jefferson St., Suite 102
Lafayette, LA 70501

If a licensee wishes to purchase a new wall certificate with their new legal name, they may submit the Duplicate Wall License Request form available via the licensee dashboard.

Once submitted to the board, please allow 5-10 business days to be received and processed. Licensees may check to confirm updates to their information by logging into their licensee dashboard.

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).

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AFFIANT

SWORN TO AND SUBSCRIBED before me this_____day of _____, 20 _____, at _____, Louisiana.

_____

NOTARY PUBLIC