



State of Louisiana
 Department of Health & Hospitals
Louisiana Physical Therapy Board

104 Fairlane Drive, Lafayette, Louisiana 70507
 337/262-1043 FAX 337/262-1054

THIS FORM MUST BE FILLED IN. HAND-WRITTEN FORMS WILL NOT BE ACCEPTED!!!!!!!!!!!

CHANGE OF ADDRESS

The Louisiana Physical Therapy Board is pleased to offer licensees the opportunity to update license address information. Please type all requested information below and click "Submit by Email" to email as a PDF attachment. If you are unable to email this document, please print after it is filled in and send to the Board at the above address.

Last Name	First Name	Middle Initial
Date of Birth	License Number	PT/PTA

Change of Home Address

New Address	Apt	City	State	ZIP	New Telephone
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Change of Work Address

Name of Facility	Type of Facility				
New Address	Suite	City	State	ZIP	Telephone

By clicking on the check box to the left, licensee swears or affirms that all information presented here is true and correct to the best of my knowledge and belief.

Name <i>(Last, First, Middle Initial)</i>	Signature <i>(Only if submitting via Fax or Mail)</i>	License Number	Date
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