

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



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

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

Legal Name Change/New Wallet Card

If you change your name, please submit a Legal Name Change form to the board with proof of name change (i.e. copy of marriage certificate, divorce decree, etc). The Legal Name Change Form is available below and on the ["Forms"](#) page. You are not required by law to obtain a new license when you change your name. **This is strictly your choice.** During your next renewal, the renewal notice and license will automatically print your new name.

If you choose to obtain a wallet card with your new name, please complete the form below and submit with your Legal Name Change Form and a copy of the proof of name change. The fee for a new wallet card is \$20. Make the check payable to "Louisiana Physical Therapy Board."

Louisiana License Number:		Social Security Number: (Required)	
I am requesting one new wall certificate. The cost is \$50. <input type="checkbox"/> Yes <input type="checkbox"/> No		I am requesting a new wallet card. The cost is \$20. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:	First Name:	Middle Initial:	
Address:		Phone:	
City:	State:	Zip Code:	

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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)

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