



**WEST VIRGINIA BOARD OF PHYSICAL THERAPY**  
**2 Players Club Drive, Suite 102**  
**Charleston, West Virginia 25311**  
**Telephone: (304) 558-0367 Fax: (304) 558-0369**

**NAME/ADDRESS CHANGE FORM**

YOU ARE REQUIRED TO PROVIDE THE BOARD WITH CURRENT CONTACT INFO.

**Name Change:** You *MUST* include either an original or notarized copy of your marriage certificate/divorce decree.

- o Fees for name change request may be paid via check or money order (NO CASH OR CARD).
- o An updated license will be mailed to you within 2 business days upon receipt.
- o Optional wall certificates require the Board Chair’s signature and are mailed after the next quarterly meeting.

Information Update **ONLY\*** (NO FEE)  License/Registration- **REQUIRED** (\$5.00)  Wall Certificate- **OPTIONAL** (\$15.00)

\* Contact information updates ONLY do not require a fee and may be faxed or emailed.

Date of Change:		Profession & License/Registration Number:	
First Name:	MI:	Last Name:	DOB:
Home Street Address:			
City:		State:	
Zip Code:		County:	
Phone:		Email:	

**PREFERRED ADDRESS – The records of this Board are considered public record. If you do not wish to disclose your home address, please provide an alternate address where you can reliably receive mail pertaining to your license/registration.**

YES, IT IS OK TO USE MY HOME ADDRESS.  NO, USE MY EMPLOYER ADDRESS.  NO, USE THE ADDRESS LISTED BELOW.

Preferred Street Address	City	State	Zip Code	County

**WORK LOCATIONS (WV Information Being PRIMARY)**

Primary Work Facility		Full or Part Time:	
Street Address:			
City:		State:	
Zip Code:		County:	
Phone:		Fax:	

Secondary Work Facility		Full or Part Time:	
Street Address:			
City:		State:	
Zip Code:		County:	
Phone:		Fax:	

**\*PTAs practicing in WV are required to provide the name of the primary supervising PT at each work location.**

Primary PT Supervisor (Primary Location):	License #:
Primary PT Supervisor (Secondary Location):	License #:

If necessary, you may use more than one form to list additional work locations and indicate days/hours worked at each.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_