



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
101 Dee Drive
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 a notarized copy of your marriage certificate/divorce decree.
 - Fees for name change request may be paid via check or money order (NO CASH).
- **Address Change:** Home/work contact information updates ONLY do not require a fee.

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

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

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

***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: _____