

<b>MAILING ADDRESS:</b>  <b>PO BOX 2649</b> <b>Harrisburg, PA 17105-2649</b>	<b>STATE BOARD OF PHYSICAL THERAPY</b> <a href="mailto:st-physical@pa.gov">st-physical@pa.gov</a> (717) 783-7134 or Fax (717) 787-7769 <a href="http://www.dos.state.pa.us/physther">www.dos.state.pa.us/physther</a>	<b>COURIER ADDRESS:</b>  <b>2601 North Third Street</b> <b>Harrisburg, PA 17110</b>
<b>REQUEST FOR CHANGE OF NAME AND/OR ADDRESS</b>		
<ul style="list-style-type: none"> <li><b>FEE:</b> To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5 fee (check or money order payable to the "Commonwealth of Pennsylvania.")</li> <li>Without the \$5 fee, the change will be processed but no duplicate will be issued.</li> <li>A processing fee of \$20 will be charged for any check/money order returned unpaid by your bank regardless of the reason for non-payment.</li> </ul>		

### LICENSEE INFORMATION

PLEASE PRINT OR TYPE

<b>LICENSEE'S NAME:</b>	Last	First	Middle
<b>LICENSE #:</b>		<b>TELEPHONE NUMBER:</b>	<b>DATE OF BIRTH:</b>
<b>SOCIAL SECURITY #:</b>		<b>EMAIL ADDRESS:</b>	

☐ **CHANGE OF NAME**

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also provide the new name. The following are acceptable name change verification documents:

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other "legal" document indicating the retaking of a maiden name;
- (4) For a "legal" name change, a copy of the court document must be provided

**New Name**

<b>NEW NAME:</b>	Last	First	Middle Initial
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☐ **CHANGE OF ADDRESS**

<b>OLD ADDRESS:</b>			
	City	State	Zip Code
<b>NEW ADDRESS:</b>			
	City	State	Zip Code