



ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 N. 7th Avenue, Suite. 208 ♦ Phoenix, AZ 85013
Tel: (602) 274-0236 ♦ Fax: (602) 274-1378 ♦ Website: www.ptboard.az.gov

~ CHANGE OF ADDRESS FORM ~
Physical Therapists and Physical Therapist Assistants

Pursuant to A.A.C. R4-24-208(E), a licensee or certificate holder shall send to the Board written notification of a change of address or telephone number no later than 30 days after the date of the change of address or telephone number. A.R.S. §32-2044, Grounds for disciplinary action includes (23) “failing to report to the board a name change or a change in business or home address within 30 days after that change.”

You may fax the completed form to 602-274-1378 or you may email to monica.crowley@ptboard.az.gov
Please complete each section

1) a. Applicant: PT PTA

b. License / Certificate Number : _____ PT PTA

2) Last Name: _____ First Name _____ Middle Name: _____

3) Home Address: _____
Street (Please include apartment/space/unit number)

City State Zip Code
() ()
Home Telephone Number Cell Phone Number

4) Are you currently employed: Yes No

5) Business/Clinic/Work Name: _____

Business/Clinic/Work Address: _____
Street (Please include apartment/space/unit number)

City State Zip Code
()
Business/Clinic/Work Telephone Number Extension

6) E-Mail Address: _____

7) If the completed Change of Address Form is mailed or faxed to the Board’s office it must bear your signature.

SIGNATURE OF PT/PTA: _____