



**KENTUCKY BOARD OF PHYSICAL THERAPY**

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Louisville, KY 40222  
Phone (502) 429-7140  
Fax (502) 429-7142  
<http://pt.ky.gov>

**CHANGE OF CONTACT INFORMATION**

**YOU ARE REQUIRED BY KRS 327 and 201 KAR 22:035 TO PROVIDE THE BOARD WITHIN 30 DAYS OF CHANGE:**

- ❖ Name changes (send copy of marriage license, divorce decree, etc.)
- ❖ Home address changes, including county and telephone number, and
- ❖ All work site additions and changes, to include out of state sites
- ❖ Email address changes

Note: Home address shall be the official address for the Board. Please check the appropriate box for your preferred public address of record for all other purposes. If box is not checked, your home address will be used.

Primary Work Site     Home

Date of change: \_\_\_\_\_

NAME (required) \_\_\_\_\_ LICENSE # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

COUNTY: \_\_\_\_\_ LAST 4 DIGITS SOC. SEC. NO. XXX-XX-\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PHYSICAL THERAPY WORK LOCATIONS:**

PRIMARY WORK FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELE: (\_\_\_\_) \_\_\_\_\_ COUNTY: \_\_\_\_\_ Full/Part time: \_\_\_\_\_

2<sup>nd</sup> WORK FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELE: (\_\_\_\_) \_\_\_\_\_ COUNTY: \_\_\_\_\_ Full/Part time: \_\_\_\_\_