Oct. 2010

KENTUCKY BOARD OF PHYSICAL THERAPY

Steven L. Beshear
Governor

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Rebecca E. Klusch
Executive Director

ADDRESS CHANGE NOTIFICATION
(USE ONLY WHEN CURRENT DATA HAS CHANGED)

YOU ARE REQUIRED BY KRS 327 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.
- PTA's PRACTICING IN KENTUCKY are to furnish the name and license number of the primary PT supervisor at each Kentucky work site.

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 no box is 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 FOUR DIGITS SOC. SECURITY NO. XXX-XX-_____

E-MAIL ADDRESS: _____

PHYSICAL THERAPY WORK LOCATIONS:

PRIMARY WORK FACILITY:_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELE: (_____)_____ COUNTY:_____**F**ull/**P**art time: _____

PHYSICAL THERAPIST ASSISTANTS ONLY:

_____ _____
Physical Therapist Primary Supervisor KY PT License Number

2nd WORK FACILITY:_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELE: (_____)_____ COUNTY:_____**F**ull/**P**art time: _____