KENTUCKY BOARD OF PHYSICAL THERAPY
312 Whittington Parkway, Suite 102
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. to the Board.)
❖ Home address changes, including county and telephone number, and
❖ All work site additions and changes, to include out of state sites
❖ Email address changes

*You can make most contact information changes online! Go to PT.KY.gov to update your information.*

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: _____

2nd WORK FACILITY: _______________________________________________________

STREET ADDRESS: _________________________________________
CITY: ___________________________ STATE: _______ ZIP: _____________
TELE: (_____)_______________ COUNTY: ____________________________ Full/Part time: _____