

**RENEWALS**  
**Deadline is March 1st**  
**of**  
**Each Calendar Year**

It is your responsibility to notify the Board  
of failure to receive renewal notice.

**CHANGE OF ADDRESS**

Note: It is your responsibility to notify the board of any address change.

**PLEASE TYPE OR PRINT**

**NAME:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**License #** \_\_\_\_\_

**CHANGE OF NAME**

A copy of legal documents must accompany name change.

**PREVIOUS NAME:** \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**License #** \_\_\_\_\_

Return to:  
Arkansas State Board of Physical Therapy  
9 Shackelford Plaza, Suite 3  
Little Rock, AR 72211