

# Licensure Lists Request

## Requests and Payments:

Licensure lists are available for a fee by following the procedures below. Lists include name, address, city, state and zip code. Please complete this form and send along with a check or money order in the appropriate amount made payable to the Arkansas State Board of Physical Therapy (ASBPT).

## Please check the type of list requested:

Self-Adhesive Labels - \$75.00 \_\_\_\_\_  
Email (Excel Format) - \$50.00 \_\_\_\_\_  
Paper List - \$50.00 \_\_\_\_\_

## Please check the profession(s) requested:

Physical Therapists only \_\_\_\_\_  
Physical Therapist Assistants only \_\_\_\_\_  
Physical Therapists & Physical Therapist Assistants \_\_\_\_\_

## Indicate in what order the information is desired.

Zip Code Order \_\_\_\_\_ Alphabetical Order \_\_\_\_\_

Other requests: \_\_\_\_\_

\_\_\_\_\_

## Lists to be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Mail your request and fee to:

Arkansas State Board of Physical Therapy  
9 Shackleford Plaza, Suite 3  
Little Rock, AR 72211

If you have any questions, you may call 501-228-7100.