

Mississippi State Board of Physical Therapy

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: _____

Phone # _____ **Email:** _____

Employer Name: _____

Address: _____

License # _____ **Business Phone #** _____

Mississippi State Board of Physical Therapy

CHANGE OF NAME

A copy of an acceptable legal document(s) must accompany name change. The forms accepted are a copy of your marriage certificate or divorce decree. The fees associated with the name change request are the replacement licensure certificate with seal and ID card replacement fee of \$70.

Previous Name: _____

New Name: _____

First

Middle or Maiden

Last

License # _____

Return to:

Mississippi State Board of Physical Therapy

P.O. BOX 55707

Jackson, MS 39296-5707

Fax (601) 352-2920 Email: sboyette@msbpt.ms.gov

It is the responsibility of the licensee to notify the Board if a renewal notice is not received.