

**OREGON PHYSICAL THERAPIST LICENSING BOARD  
ADDRESS CHANGE FORM**

ORS 688.100(4) requires all licensees to maintain a current home, mailing, and work address, with corresponding telephone numbers and electronic mail address, on file with the Board at all times. Any change in name, or the address information noted above, must be reported to the Board within 30 days following the event. The notification must be made in writing, and may be submitted to the Board via E-mail, US mail, or by facsimile.

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**LICENSE NUMBER:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**OF CHANGE**

**MAILING ADDRESS:** \_\_\_\_\_  
(Address Line One)  
\_\_\_\_\_  
(Address Line Two)  
\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Private E-mail Address for Board use Only not available to the Public)

\_\_\_\_\_  
(Public E-mail Address available to public upon records request)

**HOME ADDRESS:** \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip)  
\_\_\_\_\_  
(Phone Number + Area Code) (Cell Number + Area Code)

**WORK ADDRESS:** \_\_\_\_\_  
(Employer Name)  
\_\_\_\_\_  
(Street Address or PO Box)  
\_\_\_\_\_  
(City, State, Zip)  
\_\_\_\_\_  
(Phone Number + Area Code)

**LICENSEE SIGNATURE**

**DATE**

**Mail or fax this form to:** Oregon Physical Therapist Licensing Board  
800 NE Oregon Street, Suite 407  
Portland, OR 97232-2187  
Phone: (971) 673-0200 Fax: (971) 673-0226  
E-mail: physical.therapy@state.or.us