

Nevada State Board of Physical Therapy Examiners



7570 Norman Rockwell Lane, Suite 230 · Las Vegas, NV 89143
Phone (702) 876-5535 · Facsimile (702) 876-2097

CHANGE OF PRIMARY PROFESSIONAL ADDRESS FORM

Pursuant to NAC 640.061, each licensee shall file, in writing, his current residential address and primary professional address *within 30 days after the change*. In that regard, you may use this form to change your primary professional address with the Board. We will accept a completed form via mail or facsimile.

You will be mailed a post-card receipt as confirmation of the change.

PLEASE PRINT LEGIBLY and provide complete information

(if not currently working, check the box below)

LICENSEE NAME _____

(Business Name)

(Address – cannot be P.O. Box)

(City, State, Zip)

WORK PHONE (_____) _____ WORK FAX (_____) _____



I AM NOT CURRENTLY WORKING IN THE PHYSICAL THERAPY FIELD

SIGNATURE _____ DATE _____

NOTE: A **professional change** of address is necessary *only* when you change your **primary professional address**. This form is not to report any secondary practice locations. When working at a secondary location you must post a copy of your current license while you are present. Your original Board issued license *must* remain posted at your primary location at all times the facility is open. NAC 640.560

If you are no longer supervising a PTA, you must also report that within 30 days. Please use the Termination of Supervision form.

rev. 08/09