

Nevada Physical Therapy Board



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

CHANGE OF PRIMARY PROFESSIONAL ADDRESS FORM

Please Type or Print Legibly

NAC 640.061 Addresses of licensee; delivery of notice by Board. (NRS 640.050)

1. Each licensee shall file, in writing, his or her current residential address and professional address with the Board.
2. A licensee shall notify the Board, in writing, of any change in his or her residential address or primary professional address within 30 days after the change. For the purpose of this subsection, the Board will consider a change in the primary professional address of a licensee to have occurred upon any change in the primary location at which the licensee works, including, without limitation, the cessation of the licensee's primary employment and the securing of new primary employment.
3. If the Board is required by law or the provisions of this chapter to deliver any notice by mail to a licensee, the mailing of the notice shall be deemed valid and complete if it is mailed to the last residential address of the licensee which was filed with the Board in accordance with this section.
4. As used in this section, "primary professional address" means the physical address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his or her working hours within a consecutive 30-day period.

(Added to NAC by Bd. of Phys. Therapy Exam'rs, eff. 6-11-90; A by R111-02, 1-24-2003; R059-06, 9-18-2006; R107-10, 10-15-2010)

**We will accept a completed form via email, facsimile or U.S. Mail.
Please provide complete information.**

Date: _____ License #: _____

Licensee Name: _____

Email Address: _____ Cell: _____

CHECK ALL THAT APPLY

Primary Professional Address

I am not currently working

Business Name: _____

Business Address: _____

2nd line _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

Mailing Address

Address: _____

2nd line _____

City: _____ State: _____ Zip: _____

Signature: _____