

Nevada Physical Therapy Board



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

LICENSEE MAILING LIST ORDER FORM

BUSINESS ADDRESS LIST – Printed on peel-and-stick mailing labels

→ [This list provides the names and business addresses of all active licensees in zip code order]

Select **ONE** of the following: (combined list not separated by profession: profession not indicated)

- | | |
|---|----------|
| <input type="checkbox"/> Physical Therapists | \$150.00 |
| <input type="checkbox"/> Physical Therapist's Assistants | \$150.00 |
| <input type="checkbox"/> PTs & PTAs combined - together on one list | \$150.00 |

BUSINESS ADDRESS LIST – Printed on plain paper

→ [Same information as above, but printed on plain paper in label format]

- | | |
|---|----------|
| <input type="checkbox"/> Physical Therapists | \$ 50.00 |
| <input type="checkbox"/> Physical Therapist's Assistants | \$ 50.00 |
| <input type="checkbox"/> PTs & PTAs combined – together on one list | \$ 50.00 |

BUSINESS ADDRESS LIST – Excel spreadsheet – Sent via Email. (Please include Email address below)

→ [This list provides the names and business address of all active licensees in zip code order]

- | | |
|---|----------|
| <input type="checkbox"/> Physical Therapists | \$ 50.00 |
| <input type="checkbox"/> Physical Therapist's Assistants | \$ 50.00 |
| <input type="checkbox"/> PTs & PTAs combines – together on one list
(profession indicated) | \$ 50.00 |

LICENSURE LIST

→ Name, license number, issue date, expiration date, status of all active licensees.

- | | |
|---|----------|
| <input type="checkbox"/> Licensure List | \$ 25.00 |
|---|----------|

DELIVERY OPTIONS FOR MAILED LISTS (check one)

- | | | |
|--|--------------------------|----------------------|
| <input type="checkbox"/> Email | \$ 0.00 | EMAIL ADDRESS: _____ |
| <input type="checkbox"/> Regular Mail | \$ 0.00 | |
| <input type="checkbox"/> Federal Express | \$ 4.00 (pick-up charge) | |
- (must provide pre-printed shipping label with your Fed Ex Account #)

TOTAL ENCLOSED: _____

We accept checks, Money Orders and Cashier's Checks ONLY

MAILING INFORMATION

Please provide complete name and address: _____

NOTE: Residential addresses are not provided. The Board does not offer the list on disk or in any format other than those indicated above. All lists are one-time use only.