

# Nevada State Board of Physical Therapy Examiners



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## 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