

# Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129  
Phone (702) 876-5535 · Facsimile (702) 876-2097

## CHANGE OF RESIDENTIAL 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.

(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: \_\_\_\_\_

**Residential Address**

Address: \_\_\_\_\_

2<sup>nd</sup> line \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address** (If different than residential address)

Address: \_\_\_\_\_

2<sup>nd</sup> line \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_