REQUEST FOR REPLACEMENT OF A LICENSE

Circle One: Name Change Replacement

Circle One: PT PTA OT OTA

Original Wall License $30.00 (Check or money order only)

Renewal cards are no longer sent. A wallet card can be printed from the Verification page of the website.

LICENSE #: _____________________________________

Please print your name as it currently appears on your license on the line below.

NAME: ____________________________________________

SSN: ___________________________________ DAYTIME PHONE #: __________________________

HOME ADDRESS: □ Check here if this is a new address and will be your Address of Record

_____________________________________________________________________________________

NAME CHANGE: If you are changing the name as it is currently shown on your license, please print your name as it should appear on your license on the line below.

NEW NAME: ____________________________________________

Are you the Therapist in Charge (TIC) of a Facility? Yes □ No □

Provide facility registration number(s): __________________________

The following items must accompany this form:

For a name change: Fee and proof of change, e.g., copy of marriage certificate or divorce decree.

For replacement of a license: Fee and a statement establishing the loss or destruction of the license.

Statement regarding the loss/destruction of your license:

____________________________________________________________________________________

Signature

Mail form, documentation and fee (check or money order) to:

ECPTOTE
333 Guadalupe St, Suite 2-510
Austin, TX  78701-3942

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