



MINNESOTA BOARD OF PHYSICAL THERAPY

University Park Plaza • 2829 University Avenue SE • Suite 420 • Minneapolis, MN 55414-3245
Telephone (612) 627-5406 • Fax (612) 627-5403 • <http://mn.gov/boards/physical-therapy/physical.therapy@state.mn.us> • MN Relay Service for Hearing Impaired (800) 627-3539

REQUEST FOR NAME CHANGE

Last Name: _____

First Name: _____

Middle Name: _____

Address (street, city, state, zip, country): _____

Date of Birth: _____

Social Security #: _____

Phone Number: _____

License Number: _____

License Type:

Physical Therapist:

Physical Therapist Assistant:

Name Change Documentation REQUIRED- PLEASE REVIEW

Submit a notarized copy of the marriage certificate, divorce or dissolution of marriage, or other court order. **The notarization must be the original notarization. The Board cannot accept copies of a previously notarized document, faxes, or emails. The notary will sign/stamp/seal the photocopy and write a statement that they have viewed the original and this is an exact copy.** Some notarizes may attach a paper with a similar statement of the copy. SUBMISSIONS THAT DO NOT MEET THESE REQUIREMENTS WILL BE RETURNED.

How name should appear on certificate after change request: _____
(First) (Middle) (Last)

Licensee Signature: _____

Date (mm/dd/yyyy): _____

Return the completed form and notarized copy of name change via USPS to:

Minnesota Board of Physical Therapy
2829 University Ave SE, Suite 420
Minneapolis, MN 55414

Faxed or Emailed documents will not be accepted



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REQUEST FOR REPLACEMENT OF LICENSURE CARD OR WALL CERTIFICATE

Instructions:

- Complete all sections of this form by printing or typing.
- This form must be notarized.
- The fee for a new wall certificate (8 1/2" x 11") is \$20.00.
- The fee for new annual license cards is \$20.00
- Duplicate renewal cards or wall certificates will not be generated after a name or address change without this request form and the fees.
- Credit card payments cannot be accepted. Make checks payable to Minnesota Board of Physical Therapy.

Full Name:					
Minnesota PT or PTA License Number:		Social Security Number (Required):			
I am requesting a new wall certificate. The cost is \$20.00	Yes No	I am requesting a new annual license card. The cost is \$20.00	Yes No		
Address:					
City:		State:		Zip Code:	
Reason you are requesting a replacement document					
Lost	Stolen	Marriage	Other: _____		

Signature to be completed before a Notary Public:

Signature of Licensee: _____

Sworn to and signed before me this ____ day of _____, 20____
_____ Signature of Notary Public
My Commission Expires: _____

Check #		Amount:		Deposit #	
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For Board Use Only