

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. Please visit the website and print off proof of licensure 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:

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**