



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Address/Employment/Name Change Request Form

- Instructions:
1. Complete all sections of this form by printing or typing.
 2. For any change of name, attach a copy of the supporting name change documentation (e.g. marriage license, divorce decree). All supporting documentation **must** be notarized.
 3. To request a new pocket ID card or wall certificate, please complete the Affidavit of Lost/Replacement Documents.

Processing takes approximately 7 business days.

Section A New Information			
First Name:	Middle Name/Initial:	Last Name:	Maiden Name:
Social Security Number (<i>Required</i>):		Name Currently on File with the Board:	
Mailing Address – Number & Street (No P.O. Boxes Please)			City:
State:	Zip Code:	County:	
Home Telephone:	Alternate Telephone:	Email:	
Section B Employment Information			
Employer:		Supervisor(s) Name(s):	
Mailing Address – Number & Street (No P.O. Boxes Please):			
City:	State:	Zip Code:	
Work Telephone:	Supervisor Telephone:	Fax Number:	
Section C Additional Information			
Profession and Ohio License Number (<i>ex: OT – 7985</i>):		Effective Date of New Address and/or Employment:	

Revised 7/1/2008



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
 77 South High Street, 16th floor, Columbus, Ohio 43215-6108
 Phone (614) 466-3774 Fax (614) 995-0816

Affidavit of Lost or Replacement Documents

Instructions:

1. Complete all sections of this form by printing or typing. **Notarize the completed form.**
2. The fee for a new wall license is \$10.00. Acceptable forms of payment are: cashier's checks, money orders, or business checks. Make checks payable to "**Treasurer, State of Ohio**". Personal checks, cash and/or credit cards will not be accepted.

Upon receiving your completed request form and appropriate documentation, your licensure record will be updated. Please allow approximately 7 business days for processing.

Profession and Ohio License Number: (ex: OT – 9999)		Social Security Number (Required):	
Select number of wall license(s) you are requesting: <input type="checkbox"/> 1 <input type="checkbox"/> 2			
Full Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:		Email:	

To be completed before a Notary Public:

Signature of Licensee _____

Subscribed and sworn to before me this _____ day of _____, 20_____

 Signature of Notary Public

 Commission Expires

*SEAL OF
 NOTARY PUBLIC*

For Office Use Only:

Date Received:	Amount Paid: \$ _____ Money order/Cashier's Check/Business Check Reference Number: _____ Batch No: _____
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