



## ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

1740 West Adams Street, Suite 3407 • Phoenix, Arizona 85007

(602) 589-8352 • FAX: (602) 589-8354

[www.ot.az.gov](http://www.ot.az.gov)

### CHANGE OF NAME, ADDRESS, TELEPHONE NUMBER AND/OR EMPLOYMENT

Please complete this form with the updated information. The Board requires that a licensee maintain both a current residential address and phone number, as well as current employment information

#### **R4-43-406. Change of Name or Address**

**A.** A licensee shall notify the Board in writing within 30 days of a legal name change. **A copy of the official document evidencing the name change shall be included.** The Board shall issue a duplicate license certificate reflecting the name change.

**B.** A licensee shall notify the Board in writing within 30 days of a change in mailing address.

#### EXISTING INFORMATION

Name		License #	
Home Address on record		City	
State		Zip Code	
Home Telephone # on record:			

#### NEW INFORMATION

Name Change (as you want it to appear on your license)			
Home Address		City	
State		Zip Code	
Home Telephone Number:			

#### CHANGE OF EMPLOYMENT

Name of employer			
Employer Address		City	
State		Zip Code	
Telephone Number:			

**Please note that if you do not provide us with a business address on your application your home address becomes public information.**

This form may be faxed without a cover sheet to: (602) 589-8354