



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners

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www.llr.sc.gov/POL/PhysicalTherapy/



NAME CHANGE REQUEST FORM

Please submit a legible copy of legal documentation supporting your name change with this form.
(Marriage license, divorce decree, etc.)

You may send this form and supporting documents to the PT Board via mail or fax at the above addresses.

If you want a new pocket-card or wall certificate reflecting this name change, submit the required documentation along with a check or money order for the applicable fee, made payable to the SC Board of Physical Therapy to the PO Box listed above. Or you may visit <http://www.llr.state.sc.us/POL/PhysicalTherapy/> after the change has been made and print a copy of your license.

Please indicate if you would like a new pocket card or wall certificate and remit the requisite payment

___ Wall Certificate \$10 ___ Pocket-card \$10

Type of License: Physical Therapist Physical Therapist Assistant

License Number: _____

Current Name on License:

First: _____ Middle: _____ Last: _____

New Name:

First: _____ Middle: _____ Last: _____

Email Address: _____ Phone: _____

Previous Mailing address: _____

Current Mailing address: _____

I certify that the above information is true and correct.

Signature of Licensee: _____ Date: _____