

PROFESSIONAL DESIGNATION CHANGE FORM
(Closure, Change of Address, Additional Locations or Sale)

All changes are completed in the order received. Please allow approximately 5 to 7 business days for processing. You will receive an email notification when the change has been completed. The Professional Designation (PD) Change Form may be faxed, emailed or mailed to the board office.

CLOSURE OF PRACTICE

DATE OF CLOSURE:

PD Name:	
Licensee Name:	License Number:
PD Number:	Physical Address:
PD Number:	Physical Address:
PD Number:	Physical Address:

CHANGE OF ADDRESS

PD Name:			PD No:	
Old Physical Address:	City	State	Zip Code	
New Physical Address	City	State	Zip Code	
New Mailing Address	City	State	Zip Code	
Email address to receive board notifications			Telephone #	

ADDITION OF NEW LOCATIONS

PD Name:			
Physical Address of PD(s)	City	State	Zip Code
Mailing Address of PD(s)	City	State	Zip Code
Email Address to receive board notifications		Telephone #	
Physical Address of PD(s)	City	State	Zip Code
Mailing Address of PD(s)	City	State	Zip Code
Email Address to receive board notifications		Telephone #	

If there are additional locations, please list on separate page.

SALE OF PROFESSIONAL DESIGNATION

PD Name:				
Name of Licensee Selling the PD				
Last Name	First Name	License No.		
Signature	Email Address			
Name of Licensee Purchasing the PD				
Last Name	First Name	License No.		
Signature	Email Address to receive board notifications			
PD Number	Physical Address	City	State	Zip Code
Mailing Address	City		State	Zip Code
Email Address to receive board notifications			Telephone #	
PD Number	Physical Address	City	State	Zip Code
Mailing Address	City		State	Zip Code
Email Address to receive board notifications			Telephone #	

If there are additional locations, please list on separate page