



Arkansas Department of Health

Arkansas State Board of Athletic Training
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Governor Asa Hutchinson
Jose' Romero, MD, Secretary of Health

Information Change Request Form

It is the responsibility of the licensee to notify the Board of an address change in writing.

Instructions:

Type or print.

Complete section A and all sections that have changed.

Name changes require copies of legal documents, i.e. marriage certificate or divorce decree.

Section A			
First Name:	Middle Name/Initial:	Last Name:	License #:
Section B New Contact Information			
Address:			
City:	State:	Zip:	Residence County:
Home Phone:	Work Phone:		Email:
Section C Facility Information			
Facility Name:		Facility City:	Facility State:
Section D Name Change (attach supporting legal documents)			
First Name:	Middle Name/Initial:	Last Name:	
Section E			
Signature		Effective Date of New Information:	