



Canadian
Alliance of
Physiotherapy
Regulators

Alliance canadienne
des organismes de
réglementation de
la physiothérapie

Change of Information Form

Please PRINT

Applicant Name		
	Last	First
Applicant PIN Number		

Name Change*		
	Last	First
* Please note that a request for a name change must be accompanied by a copy of legal document (e.g. marriage license)		

Address Change	Effective Date:		
	MM/DD/YY		
Number	Street Name	Apt.	
City/Town	Province	Postal Code	Country
()		()	
Home Phone	Work Phone		
e-mail			

I authorize the Canadian Alliance of Physiotherapy Regulators to change my personal information as set out above.

Signature

Date (MM/DD/YY)

Mail or fax this form to:

Canadian Alliance of Physiotherapy Regulators
1243 Islington Ave., Suite 501, Toronto, Ontario M8X 1Y9
Fax: 416 234 8820

For Office Use Only

Date received: _____

Date entered: _____

Entered by: _____