



**CAPR**  
Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**  
Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

1243 Islington Avenue, Suite 501  
Toronto, Ontario M8X 1Y9  
P : 416 234 8800 | F : 416 234 8820  
www.alliancept.org

## Change of Information Form

Please **PRINT**

Applicant's Former Name: \_\_\_\_\_  
Last First

Applicant ID Number: \_\_\_\_\_

Applicant's New Name: \_\_\_\_\_  
Last First

**NOTE:** You must enclose a notarized copy of a legal document that has both your former name and your new name on it (for example, a marriage license).

### Address Change

Effective Date (dd/mm/yy): \_\_\_\_\_

Number	Street name	Apt.	
City/Town	Province	Postal Code	Country
Home phone		Work phone	
Email			

I authorize the Canadian Alliance of Physiotherapy Regulators (CAPR) to change my personal information as noted above.

Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

### Mail or fax this form to:

Canadian Alliance of Physiotherapy Regulators  
1243 Islington Ave, Ste 501  
Toronto, ON M8X 1Y9  
CANADA  
Fax: (416) 234-8820

<b>For Office Use Only</b>
Date received: _____
Date entered: _____
Entered by: _____