



Canadian
Alliance of
Physiotherapy
Regulators

Alliance canadienne
des organismes de
réglementation de
la physiothérapie

Change of Information Form

Please PRINT

Candidate's Former Name		
	Last	First
Candidate's ID Number		

Candidate's New Name		
	Last	First
<i>*Note:</i> You must enclose a copy of a legal document that has both your former name and your new name on it (for example, a marriage licence).		

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 (The Alliance) 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**

For Office Use Only

Date received:

Date entered:

Entered by: