

West Virginia Board of Occupational Therapy



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
304-285-3150 (fax & phone)
www.wvbot.org

Please advise the West Virginia Board of Occupational Therapy, in writing, of any changes in name, address, or employment by completing this form and returning it to the address shown above. In order to make a name change, you must also attach a copy of the legal document authorizing the change (i.e. marriage certificate, divorce decree, etc.)

****Please note that a Supervisory Statement is required for changes in supervision***

Name _____ License # _____

New Information:

() Name _____

() Address _____

() Phone No. _____

() Employer _____

() Employer Address _____

() Employer Phone No. _____

Effective date of change _____

Comments _____

Signature _____ Date _____