



Arkansas Department of Health

Arkansas State Board of Physical Therapy

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Licensure List Request

A licensure list is available by written request. Lists include name, address, city, state and zip code. Please complete the form and mail, fax or email to the Board. The list is emailed to you in Excel format.

Please check the professions(s) requested:

Physical Therapists only _____

Physical Therapist Assistants only _____

Physical Therapists & Physical Therapist Assistants _____

Indicate in what order the information is desired:

Zip Code Order _____ Alphabetical Order _____

Other information requested:

Email list to:

Name:

Email:

Phone Number: