

NAME, ADDRESS OR EMAIL UPDATE

Certificants Name:
Certification (check and complete all that apply):
<input type="checkbox"/> Recreation Therapist # _____ -T expiration / /
<input type="checkbox"/> Recreator Certified # _____ expiration / /
<input type="checkbox"/> RTAR# _____ expiration / /
<input type="checkbox"/> Name Update- complete below
Former Name: _____ / _____ / _____ Last First Middle Initial
New Name: _____ / _____ / _____ Last First Middle Initial
<input type="checkbox"/> Address Update- complete below
Previous address: _____ / _____ Apartment/Space #
_____ / _____ / _____ City State Zip Code
Updated address: _____ / _____ Apartment/Space #
_____ / _____ / _____ City State Zip Code
<input type="checkbox"/> Email Update- complete below
Former email: _____
Update email: _____
Mail, email or fax completed form to: CBRPC PO Box 900489 Palmdale CA 93590-0489 cbrpc@roadrunner.com F: 661-274-8600