

LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
(337) 262-1043

RE-EXAMINATION AND RE-INSTatement APPLICANTS ARE NOT REQUIRED TO COMPLETE THIS SECTION

CERTIFICATE OF DEAN OR REGISTRAR OF PHYSICAL THERAPY SCHOOL

This applicant has applied to the Louisiana Physical Therapy Board for licensure. Please verify this individual's credentials regarding completion and graduation from the Physical Therapy Program at your University.

Signature of Applicant _____ Date _____

Print Name _____

I hereby certify that _____ received his/her

_____ Degree in Physical Therapy from _____
Name of University

Date of Completion of Study _____ Graduation Date _____

Signature of Dean/Registrar _____ Date _____

(Seal)