

LOUISIANA PHYSICAL THERAPY BOARD

104 Fairlane Drive, Lafayette, LA 70507

(337) 262-1043

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

CERTIFICATE OF DEAN OR REGISTRAR OF PHYSICAL THERAPIST ASSISTANT 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 Therapist Assistant Program at your college.

Signature of Applicant

Date

Print Name _____

I hereby certify that _____ received his/her

Associate Degree in Physical Therapy Assisting from _____
Name of College

Date of Completion of Study _____ Graduation Date _____

Signature of Dean/Registrar

Date

(Seal)