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 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 _______ Date

(Seal)

Please return this form to the above address. Timely receipt of this certificate by the Board is vital. The applicant may not practice until all required forms are received and a provisional license/license is issued by the Board.