

Revised
October 2011

LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
Phone (337) 262-1043 Fax (337) 262-1054

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 individuals credentials regarding completion and graduation from the Physical Therapy Program at your University.

Signature of Applicant Date

I hereby certify that _____ received his

Bachelor's/Master's/Doctorate degree in Physical Therapy from _____

Date of completion of study _____

Graduation Date _____

Signature of Dean/Registrar 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.