

**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 individuals credentials regarding completion and graduation from the Physical Therapist Assistant Program at your College.

Signature of Applicant

Date

I hereby certify that _____ received his

Associate Degree in Physical Therapist Assisting 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.