



Louisiana Physical Therapy Board

214 Jefferson St, Suite 102 | Lafayette, Louisiana 70501

Phone 337-262-1043 | Fax 337-262-1054

www.laptboard.org | info@laptboard.org

Instructions for Completing the Certificate of Dean/Registrar Form

The Certificate of Dean/Registrar form may be submitted for new graduate applicants whose transcript is unavailable at the time in which they have completed all requirements, including clinical experience, at a CAPTE accredited program for physical therapists or physical therapist assistants.

The Certificate of Dean/Registrar form does not exclude the requirement for the new graduate applicant to send an official copy of their transcript stating degree conferred/awarded to the Louisiana Physical Therapy Board once it becomes available but will allow them to continue the application process without delay.

Requirements:

- All information on the form must be completed by the new graduate applicant's academic institution. A Certificate of Dean/Registrar form received from an applicant WILL NOT be accepted.
- The form must be dated and mailed/emailed on or after the date that the new graduate applicant completed all of the didactic and clinical education requirements of the program.
- The form can be completed and mailed/emailed prior to the actual graduation date if all of the program requirements have been met.

Mail to:

Louisiana Physical Therapy Board
214 Jefferson St, Suite 102
Lafayette, LA 70501

Email to:

- Must be sent by either the Program Director, Dean, or Registrar from their university email address
- Email to transcripts@laptboard.org with the subject line *CERTIFICATE OF DEAN*

A Certificate of Dean/Registrar form received from an applicant WILL NOT be accepted.



Louisiana Physical Therapy Board

214 Jefferson St, Suite 102 | Lafayette, Louisiana 70501

Phone 337-262-1043 | Fax 337-262-1054

www.laptboard.org | info@laptboard.org

CERTIFICATE OF DEAN/REGISTRAR

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

I hereby certify that the applicant for licensure listed below has received their PT ____ PTA ____ degree from

Name of College or University

Applicant's Full Legal Name _____

Last Four Numbers of Applicant's SSN _____

Applicant's Mailing Address _____

Street/PO Box

Apt/Suite/Building

City

State

ZIP

Date of Completion of Study _____ Graduation Date _____

The undersigned attest that they have received evidence that the applicant has requested and paid for, if applicable, a copy of their official transcript which shows *Degree Conferred or Awarded* to be sent to the Louisiana Physical Therapy Board as soon as it becomes available. Should the Louisiana Physical Therapy Board not receive a copy of the final transcript, they may contact the following individual at the above academic institution for assistance:

First and Last Name

Email or Phone

Signature of Program Director

Date

Signature of Dean/Registrar

Date

Please submit the ORIGINAL signed form to the Louisiana Physical Therapy Board. Electronic signatures will not be accepted. The form may be emailed but must be sent from a university email address and cannot be provided by the applicant themselves. Timely receipt is vital and the applicant may not practice until all required forms are received.