

State Board of Physical Therapy

2525 North 7th St Suite 330

Harrisburg PA 17110



BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

State Board of Physical Therapy

P O BOX 2649

Harrisburg PA 17105-2649

VERIFICATION OF PHYSICAL THERAPY EDUCATION

Complete top section and send form to school of graduation.

APPLICANT INFORMATION

<b>NAME:</b>	Last	First	Middle
<b>OTHER NAME:</b>			
<b>DATE OF BIRTH :</b>		<b>LAST 4 DIGITS OF SSN:</b>	
<b>ADDRESS:</b>			
<b>CITY / STATE / ZIP:</b>			

This section to be completed by Dean, Registrar, or Chairperson of the CAPTE accredited Physical Therapist / Physical Therapist Assistant Program at the school from which the applicant graduated/will graduate.

I certify that \_\_\_\_\_ has completed or will complete all required courses,  
(Name of Applicant)

clinical experiences, and examinations and has graduated or will graduate on \_\_\_\_\_ from  
(Date of Graduation)

\_\_\_\_\_ in \_\_\_\_\_,  
(Name of Institution) (City and State)

with a/an \_\_\_\_\_ degree in **Physical Therapy**. Furthermore, I certify that this degree is from a  
(Associate/Bachelor's/Master's/Doctoral)

Program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

\_\_\_\_\_  
(Signature of Dean/Registrar/Chairperson of PT Program)

\_\_\_\_\_  
(Date)

**SCHOOL SEAL  
(Mandatory)**

**\*\*If completing this form (not more than 3 months) prior to graduation for the purpose of sitting for the national exam, upon successful graduation, an updated verification form must be sent to the Board before the Board may issue a license.**

**School must return completed ORIGINAL form directly to Board office in official sealed school envelope or email directly from official school account. (DO NOT send copy or use envelope if provided by applicant)**

RETURN ADDRESS:

State Board of Physical Therapy  
P O BOX 2649  
Harrisburg PA 17105-2649  
833-367-2762  
or  
st-physical@pa.gov