BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Internet: www.ptbc.ca.gov

CERTIFICATE OF COMPLETION

For graduates of CAPTE accredited entry level PT or PTA programs ONLY

Please note that transitional and post-professional PT programs are **NOT** accredited programs

The Physical Therapy Board of California (PTBC) must receive the Certificate of Completion with the application for licensure in an **officially sealed school envelope** sealed by the registrar or program director completing this form. This is to assure that the Certificate of Completion came from the school and was not opened by the applicant. Submitting an application without a properly sealed Certificate of Completion will cause your application to be denied.

This form is to be completed in its entirety and signed by the College Registrar or Program Director of the degree-granting program to document completion and graduation of a professional degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). **The entry level PT/PTA program completed must have also included academic coursework and clinical internship pursuant to sections 2650 and 2655.9 of the California Business and Professions Code.**

Type of Program Completed: ☐ Physical Therapist (PT) ☐ Physical Therapist Assistant (PTA)

For PT graduates ONLY: Was the program completed a transitional and/or post-professional PT program?

☐ YES* ☐ NO

* If yes, please note transitional and/or post-professional PT programs are not accredited programs.

This certifies _____ _____ _____

FIRST NAME LAST NAME OTHER LAST NAMES USED

Completed all coursework and clinical practice on: _____

DATE

Graduated on or is a candidate for graduation on: _____

DATE

Received the following degree: _____

NAME OF DEGREE OBTAINED

From: _____

NAME OF ACADEMIC INSTITUTION THAT GRANTED THE DEGREE (MUST BE A CAPTE ACCREDITED PROGRAM)

Signed and the college seal affixed this _____ day of _____, _____.

MONTH YEAR

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____

SIGNATURE OF REGISTRAR OR PROGRAM DIRECTOR

_____

TYPE or PRINT your name and title

[SEAL]

AFFIX SCHOOL SEAL HERE

P1E

Form Revised 01/2011