



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY – GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS

**PHYSICAL THERAPY BOARD OF CALIFORNIA**

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**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 ensure 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 a clinical internship pursuant to section 2650 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*
