



Louisiana Physical Therapy Board

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CERTIFICATE OF DEAN/ REGISTRAR OF PHYSICAL THERAPY SCHOOL

RE-EXAMINATION AND RE-STATEMENT APPLICANTS ARE NOT REQUIRED TO COMPLETE THIS FORM

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 Program at your University.

I hereby certify that _____ received his/her
Applicant's Name

_____ Degree in Physical Therapy from _____
Name of University

Date of Completion of Study _____ Graduation Date _____

Signature of Dean/Registrar **Date**

[Seal]

Please return this form to the Louisiana Physical Therapy Board at the address above.
Timely receipt is vital and the applicant may not practice until all required forms are received.