



# Louisiana Physical Therapy Board

104 FAIRLANE DRIVE | LAFAYETTE, LOUISIANA 70507

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## CERTIFICATE OF DEAN/ REGISTRAR OF PHYSICAL THERAPY ASSISTANT SCHOOL

RE-EXAMINATION AND RE-INSTatement 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 Assistant Program at your College.

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

Associate Degree in Physical Therapy Assisting from \_\_\_\_\_  
Name of College

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.