

State of Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS

Louisiana Physical Therapy Board

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TEACHING COURSES IN A CAPTE ACCREDITED PROGRAM Documentation Form

	(PT/PTA #) taught in a CAPTE
ccredited program during the	renewal period.	
CAPTE Program Name:		
Course Name:		
emester Hours:		
emester Date :		
ry signing this documentation form, I agree		
Signature		Date

Complete this form and submit it to the Board office for approval. Keep a copy this form for your records in the event that you are audited by the Board.