



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

Certification of Education for Physical Therapy

To be completed by applicant

Name:

Maiden Name:

Address 1:

City:

State:

Zip code:

Class of:

Email address on file with NCBPTE

To be completed by the school:

(APPLICANT MUST NOT COMPLETE ANY OF THE SECTIONS BELOW)

Graduate:

I hereby certify that the individual named above has successfully completed the didactic and clinical education requirements of the physical therapy program at the school named and location below.

type of degree received

conferred on

MM/DD/YYYY

(impress Seal of institution over signature)

SEAL

Official Name of School

School Street Address

Signature of authorized representative of school

City

State

Zip Code

Type name and title

Date

If school does not have a seal, form must be notarized.

I, _____ do hereby state that this institution does not have an official seal and that the statements on this form are true in every respect. Signed: _____ Sworn to before me this _____ day of _____, 20____.
Signature of Notary Public (affix seal): _____ my commission expires: _____.

**Do not this form back to applicant. Form must be returned directly by the school to:
North Carolina Board of Physical Therapy Examiners, 8300 Health Park, Suite 233, Raleigh, North Carolina 27615**