

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

## Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815 Phone: (916) 561-8200 Fax: (916) 263-2560 Internet: www.ptbc.ca.gov



## 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 <u>officially sealed school envelope</u> sealed by the registrar or program director completing this form. This is to assure 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 clinical internship pursuant to sections 2650 and 2655.9 of the California Business and Professions Code.

Type of Program Completed:	☐ Physical Therap	oist (PT)	□ Physical Th	erapist Assistant (	PTA)
For PT graduates ONLY: Was the p	rogram completed a tra	ınsitional ar	nd/or post-professi	onal PT program?	
	□ YES*	$\square$ NO			
* If yes, please note transitional and/or p	post-professional PT pr	ograms are	not accredited pro	ograms.	
This certifies					
This certifiesFIRST N	IAME	Last Nav	1E (	OTHER LAST NAMES USED	
Completed all coursework and cli	nical practice on:	-	Da		_
			DA	TE	
Graduated on or is a candidate fo	or graduation on:				_
			DATE		
Received the following degree: _	NAME OF DEGRE	E ORTAINED			
From:NAME OF ACADEMIC INSTITU	TION THAT GRANTED THE DE	GREE (MUST E	BE A CAPTE ACCREDIT	TED PROGRAM)	
Signed and the college seal affixed	ad this	day of	F		
Signed and the college seal affixed		day of	Month	, Year	•
I swear under penalty of perjury und	er the laws of the Sta	ite of Calif	ornia that the for	egoing is true and co	orrect.
SIGNATURE OF REGISTRAR (	DR PROGRAM DIRECTOR				
				[SEAL]	
TYPE or PRINT your name and title			AFFIX SCHOOL SEAL HERE		