

Professional Licensing Boards Division



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College/University Verification of Completion of Physical Therapist/Physical Therapist Assistant Education

This form must be completed by the Registrar, Dean or PT/PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Laura Hope
Name

will graduate from Georgia State University
Name of College

on _____ with a Doctorate or Associates degree.
Date (circle one)

Signature of Registrar, Dean, PT or PTA Program Director _____ Date _____
(please circle title)

Printed name of Registrar, Dean, PT or PTA Program Director

School/Registrar Seal OR Notary

Sworn to and subscribed before

me this _____ day of _____, 20 ____.

Notary Public

My commission expires: _____

Return completed form to:
Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217