



Professional Licensing Boards Division

## 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  
(please circle title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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