



# Texas Board of Physical Therapy Examiners

333 Guadalupe, Ste 2-510  
Austin, Texas 78701-3942

512/305-6900

<https://www.ptot.texas.gov>

## Letter of Completion of PT or PTA Program

**Section 1: This section must be completed by the applicant. Please print.**

_____ / _____ <i>Name (first, Middle, Last)</i>	_____ / _____ <i>Maiden/Previous Name</i>
_____ / _____ <i>SSN</i>	_____ / _____ <i>Date of Birth (mm/dd/yyyy)</i>
_____ / _____ <i>Applicant's Signature</i>	_____ / _____ <i>Date</i>

**Section 2:** This section must be completed by the director of the physical therapy program or an official of the institution which granted the degree. If the institution does not use a school seal, this form must be notarized. **The program or institution must mail the completed form directly to the Board at the address below. Documents received from the applicant will not be accepted.**

I certify that _____ / _____ <i>Name of graduate</i> <span style="float:right"><i>SSN</i></span>	
completed the didactic and clinical education requirements of the <b>PT PTA</b> program on _____ <i>circle one</i> <span style="float:right"><i>mm/dd/yyyy</i></span>	
and is eligible for or has been granted a _____ degree. <i>degree type, e.g. AAS, MPT, DPT, etc.</i>	
<b><u>Is this an entry-level, CAPTE-accredited program?</u> YES NO (circle one)</b>	
_____ / _____ <i>Name of College or School</i>	_____ / _____ <i>School Code</i>
_____ / _____ <i>City &amp; State</i>	_____ / _____ <i>Phone No.</i>
_____ / _____ <i>Official's Name</i>	_____ / _____ <i>Title</i>
_____ / _____ <i>Signature</i>	_____ / _____ <i>Date</i>

If a Notary Public is used, please complete the following:

Subscribed and sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_/\_\_\_\_\_  
*Signature of Notary* *Date Commission Expires*

**Mail completed document to:  
Texas Board of PT Examiners  
333 Guadalupe Suite 2-510,  
Austin TX 78701-3942**

*School or Notary Seal here*