



Texas Board of Physical Therapy Examiners

333 Guadalupe, Ste 2-510 • 512/305-6900 • 512/305-6951 fax
Austin, Texas 78701-3942 <http://www.ecptote.state.tx.us>

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> <i>SSN</i>	
completed the didactic and clinical education requirements of the PT PTA program on _____ <i>circle one</i> <i>mm/dd/yyyy</i>	
and is eligible for or has been granted a _____ degree. <i>degree type, e.g. AAS, MPT, DPT, etc.</i>	
<u>Is this an entry-level, CAPTE-accredited program?</u> YES NO (circle one)	
_____ / _____ <i>Name of College or School</i>	_____ / _____ <i>School Code</i>
_____ / _____ <i>City & State</i>	_____ / _____ <i>Phone No.</i>
_____ / _____ <i>Official's Name</i>	_____ / _____ <i>Title</i>
_____ / _____ <i>Signature</i>	_____ / _____ <i>Date</i>
Must be signed and dated on or after the program completion date.	

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 this document to:
ECPTOTE
333 Guadalupe Suite 2-510
Austin TX 78701-3942

School or Notary Seal here