# FORM 2 (check one) PHYSICAL THERAPIST

☐ PHYSICAL THERAPIST

**ASSISTANT** 

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

# **CERTIFICATION OF PROFESSIONAL EDUCATION**

#### **APPLICANT INSTRUCTIONS**

- If your professional program is <u>not</u> accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA), (most schools located outside the United States are not accredited) do <u>not</u> use this form. See 'Education Requirements' for further instructions.
- 2. If you graduated from a New York State registered licensure-qualifying program or an APTA accredited program, complete Section I in ink.

  Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 8.

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## **SECTION II: CERTIFICATION OF EDUCATION**

## **INSTRUCTIONS TO INSTITUTION REGISTRAR:**

- 1. Use this form to verify professional education from a New York State registered licensure-qualifying or APTA (CAPTE) accredited program.
- 2. Complete Part A to document the applicant's education.
- 3. Complete Part B (certification) and return this form directly to the Office of the Professions at the address at the end of this form. Do <u>not</u> return this form to the applicant.

## PART A -COMPLETION OF EDUCATION REQUIREMENT:

RETURN DIRECTLY

The applicant named below completed a physical therapist or physical therapist assistant program that was, at the time the degree requirements were met, either:

Registered as licensure-qualifying by the New York State Education Department,

#### AND/OR

Accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the APTA.

It is certified that	(Name of applicant – See Section I, item 5)				
or Physical Therapist applicants:					
was awarded the degree of		on		/	1
_	(Title of degree)		то.	day	yr.
OR					
on/// t	this institution determined that the above-named student n	net all	requirem	ents for th	e degree
and the institution has agreed to award t	the degree of				<u></u> .
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For Physical Therapist Assistant applicants:					
met all requirements for the degree of		on	,		1
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	ccepted if the date below precedes the date in Part A.  and belief the information in Section II is a true statemen	nt of t			
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