

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 not return this form to the applicant.

PART A –COMPLETION OF EDUCATION REQUIREMENT:

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)

For **Physical Therapist** applicants:

was awarded the degree of _____ on ____/____/____
(Title of degree) mo. day yr.

OR

on ____/____/____ this institution determined that the above-named student met all requirements for the degree
mo. day yr.
and the institution has agreed to award the degree of _____.
(Title of degree)

For **Physical Therapist Assistant** applicants:

met all requirements for the degree of _____ on ____/____/____
(Title of degree) mo. day yr.

PART B - CERTIFICATION: This form will not be accepted if the date below precedes the date in Part A.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar _____ Date ____/____/____
mo. day yr.

Type or print name _____

Title or official position _____

Institution _____

Address _____

(SEAL OF INSTITUTION)

Telephone number _____ Fax _____

E-mail _____

RETURN DIRECTLY TO: 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Physical Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.