



STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
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CERTIFICATION OF PHYSICAL THERAPY EDUCATION

I hereby certify that, _____
(Name of Applicant)

Successfully completed the academic curriculum in physical therapy on _____

Successfully completed the clinical education component in P.T. on _____

Received the degree _____ *on* _____
(Degree, Certificate) (Mo.) (Day) (Year)

At _____
(Name of Institution)

Signature of Authorized Representative of School

Type or Print Name and Title

Date

(IMPRESS SEAL OF INSTITUTION OVER SIGNATURE.)

If School does not have a seal, please indicate _____