



STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
100 NORTH UNION STREET, SUITE 724
MONTGOMERY, AL 36130-5040
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CERTIFICATION OF PHYSICAL THERAPY EDUCATION

I hereby certify that, _____,
(Name of Student/Applicant)

has successfully completed the academic curriculum in physical therapy on _____,
(Date)

has successfully completed the clinical education component in P.T. on _____,
(Date)

and received or will receive the degree of _____ on _____,
(Degree) (Date)

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 _____