



Virginia Department of  
**Health Professions**  
Board of Physical Therapy

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## VERIFICATION OF PHYSICAL THERAPY **EDUCATION** For Graduates of Approved Programs Only

If the applicant has not yet officially graduated from a physical therapy program, this form should be submitted and completed by the college/university verifying that the applicant is within 90 days of the completion of their degree requirements and scheduled examination date with [The Federation of State Boards of Physical Therapy \(FSBPT\)](http://www.fsbpt.org). This form may be submitted electronically to the Board by email.

This form does not replace the requirement for the applicant to submit an official transcript for licensure. The Board will not license an applicant without an official transcript.

**(PLEASE PRINT IN BLUE OR BLACK INK)**

FIRST NAME	MIDDLE NAME	LAST NAME
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER <i>OR</i> VIRGINIA DMV CONTROL NUMBER		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

It is hereby certified that the applicant listed above is enrolled with the following information **and is within 90 days of completing their PT/PTA degree program** as listed below:

NAME OF INSTITUTION	
COURSE OF STUDY	
ENROLLMENT DATE	
DEGREE PROGRAM	
GRADUATION DATE	

\_\_\_\_\_  
SIGNATURE OF DEAN OR DEPARTMENT HEAD

\_\_\_\_\_  
DATE