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 not 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 not use this form. See 'Education Requirements' for further instructions.
- Now York State registered lie malata Castian Lin ink

	Enter your name as it appe																	ea p	orogram, d	con	ipieti	e Sec	tion i	in ink.	
	Send this form to the insti include any fee required. end of this form. The Office	The ins	titutio	n comp	oletin	g Sect	tion I	mus	st fo	rwar	d it	dire	ectly	to	the (Offic	e of	the	Profession	ons					
SI	ECTION I: APPLICANT I	NFOR	MAT	ΓΙΟΝ																					
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	(Leave this blank if you do not ha	ave a U.S	S. Socia	al Secur	rity Nu	umber)													Month	1	Day	/	Year		
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4	MAILING ADDRESS (You	ou must	notify	the De	epart	ment p	romp	otly o	f an	y add	dres	s or	nar	ne c	han	ges.)								
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	Applicant's signature													_	Date	е									

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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:

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.

t is certified that					:
	(Name of applicant – See Section I, item 5)				
For Physical Therapist applicants:					
was awarded the degree of	(Title of dearee)	on	l	_/	/
	(Title of degree)		mo.	day	yr.
OR					
☐ on / / th day vr.	is institution determined that the above-named stud	ent met a	all requirer	ments for th	e degree
and the institution has agreed to award th	e degree of				·
	(Title of degree)			
For Physical Therapist Assistant applicants:					
met all requirements for the degree of				,	1
inet all requirements for the degree of		on _		/	. /
ART B - CERTIFICATION: This form will not be acc					
	cepted if the date below precedes the date in Part A.				
ART B - CERTIFICATION: This form will not be accomplete to the best of my knowledge an individual named on this form.	cepted if the date below precedes the date in Part A.	ement of	the educ	ational reco	ord of the
ART B - CERTIFICATION: This form will not be accomplete to the best of my knowledge an individual named on this form.	cepted if the date below precedes the date in Part A. ad belief the information in Section II is a true state Date	ement of	the educ	ational reco	ord of the
ART B - CERTIFICATION: This form will not be accomplete to the best of my knowledge and individual named on this form. Signature of Registrar	cepted if the date below precedes the date in Part A. ad belief the information in Section II is a true state Date	ement of	the educ	ational reco	ord of the
ART B - CERTIFICATION: This form will not be accomplete. I hereby certify that to the best of my knowledge and individual named on this form. Signature of Registrar	cepted if the date below precedes the date in Part A. ad belief the information in Section II is a true state Date	ement of	the educ	ational reco	ord of the
ART B - CERTIFICATION: This form will not be accomplete. I hereby certify that to the best of my knowledge and individual named on this form. Signature of Registrar	cepted if the date below precedes the date in Part A. ad belief the information in Section II is a true state Date	ement of	the educ	ational reco	ord of the
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ART B - CERTIFICATION: This form will not be accomplete. I hereby certify that to the best of my knowledge and individual named on this form. Signature of Registrar	cepted if the date below precedes the date in Part A. ad belief the information in Section II is a true state Date	ement of	the educ	ational reco	ord of the

RETURN DIRECTLY Ne Th

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