

OREGON PHYSICAL THERAPIST LICENSING BOARD
800 NE OREGON STREET, SUITE 407
PORTLAND, OR 97232-2187
PHONE: 971-673-0200

APPLICATION FOR NPTE EARLY RELEASE
Physical Therapist & Physical Therapist Assistant

*** (Type or Print in Ink) ***

NAME: _____
(Last) (First) (Full Middle) (Maiden)

Fee \$25.00
Pay by separate check made payable to OPTLB

- 4115 - PHYSICAL THERAPIST**
- 4215 - PHYSICAL THERAPIST ASSISTANT**

*** MANDATORY REQUIREMENTS ***

To be eligible for an Early Release to take the NPTE your official graduation date must be within 90 days of the examination date. An early release is dependent on your Program Directors authorization approving you to test before graduation. All didactic work must be completed prior to application for Early Release

SIGNED: _____ DATE: _____

*** FOR OFFICE USE ONLY ***

Graduation Date: _____
Exam Date: _____
Release Date: _____
Completed Application: _____
Registered for NPTE _____
Approval by Program Director _____

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Certification of Program Completion Date

I hereby certify that _____
(Student's Name)

has successfully complete all required didactic work relative to this Institution's Physical Therapy / Physical Therapist Assistant program and further attest that upon successful completion of the students final clinical rotation , the student will be conferred a degree on

(Graduation Date)

This form must be mailed directly from the Authorized Signer to the OPTLB

This form is not a substitute for the Certificate of Professional Education which should be sent only after the official graduation date.

Please return this form to:

***Oregon Physical Therapist Licensing Board
800 NE Oregon Street, Suite 407
Portland, OR. 97232***

Name of Institution

Printed Name of Authorized School Authority Title

Signature of Authorized School Authority Date

SCHOOL SEAL