

# CERTIFICATE OF PROFESSIONAL EDUCATION

STATE OF OREGON  
PHYSICAL THERAPIST LICENSING BOARD  
800 NE OREGON STREET, SUITE 407  
PORTLAND, OR 97232-2187  
971.673.0200

**TO THE INSTITUTION:** This form may not be altered. The form must be completed by an authorized school authority, not the student/applicant; it must be typed or printed in ink; it must display an original authorized signature and school seal. The Board must receive the original completed form, it can not be faxed or e-mailed. The form must be mailed directly to the Oregon Board from the Educational Institution. If applicant has not yet completed the program, hold this form until all requirements of the program are met.

It is certified that \_\_\_\_\_ attended the  
(Graduate's Name)

Physical Therapist       Physical Therapist Assistant

program from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to  
(Date) (Month) (Year)

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ during which time all requirements  
(Date) (Month) (Year)

of the accredited program were completed. The applicant graduated on the

\_\_\_\_\_ with the degree of \_\_\_\_\_.  
(Month) (Day) (Year) (Program Degree)

\_\_\_\_\_  
Printed Name of President, Registrar, Dean or Director of the Program

\_\_\_\_\_  
Signature of President, Registrar, Dean or Director of the Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

INSTITUTION SEAL  
OR  
STAMP