



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Certification of Entry Level Education

| | |
|--|------------------------------|
| Section I: This portion must be completed by the applicant. Please print or type. | |
| Name (First, Middle, Last): | Maiden Name: |
| Complete Mailing Address | |
| Social Security Number or Alien Registration Number: | Date of Birth: (mm/dd/yyyy): |

Applicant's Signature _____

Date _____

Section II: This Section must be completed by an official from the program where a physical therapy degree was earned. If the institution does not use a school seal, the official signing the verification must sign this form in the presence of a Notary Public. **The educational institution must mail the completed form directly to the OT PT AT Board at the address below. Documents received directly from the applicant will not be accepted. Please print or type.**

I hereby certify that _____ completed the didactic and
(Student's Name and SSN)
 clinical education requirements of the _____ program on _____
(Program Type : PT,PTA) *(mm/dd/yyyy)*
 and is eligible for or has been granted the degree of _____
(Degree: AAS, Certificate, BS, MPT, DPT etc.)

Name of Institution: _____

City, State, Zip Code: _____

Phone Number w/ Area Code: _____

Is this entry level program CAPTE
 accredited? Yes No

FSBPT School Code: _____

Print Name _____

Title _____

Signature _____

Date _____

If a Notary Public is used, please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year _____.

Signature of Notary _____

Date Commission Expires _____

Return This Document To:
 Ohio OT PT AT Board
 77 South High Street, 16th Floor
 Columbus, OH 43215-6108

School or Notary Seal