Verification Of Education For Licensure In Physical Therapy

Instruction To Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree in Physical Therapy.

Name (Last, First, Middle Initial)	Maiden Name or Given Surname
Address (Street, City, State and Zip Code)	Phone No. Home Work
Social Security Number	Date of Graduation
License Applying For (Check One): Physical Therapist (PT)	Physical Therapist Assistant (PTA)
Waiver For The Release Of Information: I am applying for licensure as a PT/PTA in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Board of Physical Therapy, Professional Licensure — Physical Therapy, should this information be requested at any time.	Subscribed and sworn to before me this day of
Date Signed	Seal
Instructions To Educational Institution: Upon completion of this form please send directly to:	Mississippi State Board of Physical Therapy P.O. Box 55707 Jackson, MS 39296-5707
Name of Institution	Location of Institution (City&State)
Dates of Attendance (Month/Year)	Total Number of Academic Years
From: To: Date of Graduation	Type of Degree Conferred
Program Name & Curriculum Description	Date of Practicum/Internship From: Month Day Year To: Month Day Year Total Hours:
Physical Therapist/Physical Therapist Assistant Ph	'
PT Program Accredited by CAPTE PTA Program Accredited by CAPTE	Yes No
Seal of the College or University	Name
	Title
	Telephone Number Date