

Instructions for Completing the Letter of Completion

A Letter of Completion (LOC) is a requirement for recent graduates who are applying for a TX license by exam.

Section 1: Provide the graduate's personal identifiable information.

Section 2:

- Must be completed by either the PT/PTA program director or an official of the College/University such as the Registrar who can attest to the completion of the program requirements.
- Must be dated and mailed/emailed on or after the date that the graduate completed all of the didactic and clinical education requirements of the program.
- Can be completed and mailed/emailed prior to the actual graduation date if all of the program requirements have been met.

Submit the LOC by either mail or email.

By Mail:

- Must be notarized or have school seal affixed.
- Mail to: Texas Board of Physical Therapy Examiners
1801 Congress Ave Ste 10.900
Austin TX 78701

By Email:

- Can be submitted without school seal or notarization.
- Must be sent from signee's school email address.
- Email to: exam@ptot.texas.gov.

A Letter of Completion received from an applicant will not be accepted.



Texas Board of Physical Therapy Examiners

1801 Congress Ave Ste 10.900
Austin, Texas 78701

512/305-6900
ptot.texas.gov

Letter of Completion of PT or PTA Program

Section 1: Graduate's Personal Identifiable Information. Please print or type.

_____ / _____ <i>Name (first, Middle, Last)</i>	_____ / _____ <i>Maiden/Previous Name</i>
_____ / _____ <i>Last four digits of SSN</i>	_____ / _____ <i>Date of Birth (mm/dd/yyyy)</i>

Section 2: Must be completed by the director of the PT/PTA program or an official of the institution from which the degree was granted. Please print or type.

I certify that _____
Name of graduate

has completed the didactic and clinical education requirements of the **PT** **PTA** program on _____
circle one mm/dd/yyyy

and is eligible for or has been granted a _____ degree.
degree type, e.g. AAS, MPT, DPT, etc.

Is this an entry-level, CAPTE-accredited program? YES NO (circle one)

_____ / _____
Name of College/University or School School Code

_____ / _____
City & State Phone No.

_____ / _____
Official's Name Title

_____ / _____
Signature Date

If mailing the form, either notarize or affix the school seal.

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 Expire

Affix School or Notary Seal above