

Physical Therapy Licensee Clinical Practice Certification

(please print and complete one form for EACH YEAR of Clinical Practice)

This certifies that _____(PT)/(PTA), North Carolina
Physical Therapy license number _____ has completed _____ hours (number of
hours) of physical therapy clinical practice during the year _____ (January 1 to
December 31).

Employer: _____

Address: _____

Telephone number: _____

Signature of Authorized Employer Representative: _____

Title: _____

Date: _____