



State of Louisiana
 DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

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COMPLETION OF POSTGRADUATE COURSEWORK Documentation Form

Coursework in a postgraduate physical therapy curriculum, transitional DPT program, or an accredited college or university that meets content criteria may be accepted. Courses will be credited for each satisfactorily completed hour resulting in a grade of B or higher. One semester hour shall be equal to 10 contact hours. Please be advised the coursework completed through distance learning will be credited as online hours.

I, _____ (PT/PTA # _____) completed coursework through
 _____ in _____
College/University *Degree Program*

Please list the courses and dates completed for review:

 By signing this documentation form, I agree that I have completed the coursework stated above for the dates listed above.

 Signature Date

**Complete this form and submit it to the Board office for approval.
 Keep a copy this form for your records in the event that you are audited by the Board.**