

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 90/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	<h2 style="margin: 0;">CERTIFICATION OF EDUCATION</h2>	SUPPORTING DOCUMENT <h1 style="margin: 0;">ED - PT</h1>
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APPLICANT: Only complete this section to obtain an examination approval letter for the PT or PTA examination and if you are within 120 days of your expected graduation date.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF ANTICIPATED GRADUATION ____ / ____ / ____ Month Day Year	

By signing below, I certify under penalty of perjury that I am within 120 days of graduation, and all of the above information provided is true and correct. I understand that if the Department does not receive certification of graduation (ED-PT form) or official transcripts within 90 days of the scheduled graduation date, my examination results will be void.

 Date Signature of Applicant

COMPLETE THIS SECTION ONLY AFTER YOU HAVE COMPLETED AND GRADUATED FROM A PHYSICAL THERAPY OR PHYSICAL THERAPIST ASSISTANT PROGRAM.

APPLICANT: Fill out the applicant portion of this form and then submit it to your school so they can complete the remaining sections.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION ____ / ____ / ____ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

 Date Signature of Applicant

SCHOOL OFFICIAL: Complete this page, then return to the applicant.

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
E. DATES OF ATTENDANCE From ___/___/___ To ___/___/___ Month Day Year Month Day Year	F. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
G. DATE THE DEGREE WAS COMPLETED AND GRADUATED ___/___/___ Month Day Year	

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Title

Signature of School Official

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ___ day of _____, 20__.

Date of Expiration

Signature of Notary Public

**ATTENTION APPLICANT: FOR INCLUSION
WITH THE APPLICATION PACKET.**

NAME (Last, First, MI):

SS#:

Profession: