



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners

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www.llr.sc.gov/POL/PhysicalTherapy/



VERIFICATION OF COMPLETION OF GRADUATION REQUIREMENTS

Licensure applicants for the state of South Carolina, who are currently enrolled in an academic program and whose degree in physical therapy has not yet been conferred, must have the school registrar complete this form to be submitted to SCBPTE for admission to the National exam. Upon the completion of academic program and degree conferral, a **final official transcript** must be mailed directly from the school to SCBPTE to receive a permanent license to practice.

NOTICE TO REGISTRAR: This form must be signed, dated or mailed by the school directly to the Board office.

TO BE COMPLETED BY REGISTRAR OFFICE ONLY

Applicant Name	Social Security Number
Name of Educational Institution	Degree & Date of Degree Conferral
School Address	City, State Zip Code
Date Academic Requirements Completed	Date Clinical requirements will be completed

I certify, under penalty of perjury, that the applicant named above has **completed all academic requirements** and is currently completing the required clinical and there are no impediments to confer his/her degree.

**Registrar's
Seal
Required**

Signature of Registrar

Print Name

Date Signed

School Telephone Number