CERTIFICATION OF PHYSIOTHERAPY TRAINING

_____
Name of Applicant

This is to certify that pursuant to O.C.G.A. §43-9-16(b) and Board Rule 100-9-.01, the above listed applicant has obtained at least 120 hours of instruction in the proper utilization of therapeutic modalities in accordance with the guidelines set forth by the Council on Chiropractic Education (CCE) or its successor, the Georgia Chiropractic Association, or the Georgia Chiropractic Council and so certified in the proper utilization.

Official copies of transcript(s) in sealed envelope **must** be attached to this form for evaluation of educational requirements for licensure in Georgia.

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Signature & Title of Authorized Personnel

Seal of College/Organization

Date _____