

**Physical Therapy Licensee Clinical Practice Certification**

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: \_\_\_\_\_

  

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