Physical Therapist Post-professional Student Enrollment Verification Form



Student's Name _____ APTA Membership ID _____

This is to verify that the above-named student is enrolled in a **full-time** post-professional graduate program or residency/fellowship program or a postdoctoral research fellowship:

Doctorate* in:	
□ PhD in:	

Master's in: _____

□ APTA-accredited residency**

□ APTA-accredited fellowship**

□ Postdoctoral research fellowship

Note: Eligibility is limited to five years for a doctoral program, two years for a master's program, and two years for an APTA-accredited post-professional residency or fellowship program or postdoctoral research fellowship. Annually at renewal, members who are enrolled full time in an advanced post-professional program, APTAaccredited residency or fellowship program, or postdoctoral research fellowship can continue to qualify for reduced dues.

Name of school, institution, residency, or fellowship where the student is enrolled:

Initial enrollment date (month/year):

Expected date of graduation/completion (month/year):

I affirm that I am a PT and meet the qualifications for physical therapist post-professional student membership.

Signature:

Date:

*Transitional DPT students are not eligible for post-professional student membership. Please visit FAQ Post-professional DPT for information on DPT programs.

**For a listing of recognized post-professional residency and fellowship programs, visit ABPTRFE Directory of Programs.

Return completed form via email or mail:

- Email to membersuccess@apta.org.
- Mail to American Physical Therapy Association, Attn: Member Success, ٠ 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085.

Questions? Phone 800-999-2782, Option 1, Monday through Friday, 8 a.m. to 6 p.m. ET.