

**STUDENT ENROLLMENT VERIFICATION FORM**

**Return completed form via fax or mail:**

**Fax:** 703/706-8536

**Mail:** APTA, Attn: Member Services, 1111 North Fairfax Street, Alexandria, Virginia 22314-1488

Questions? Call APTA's Member Services Department at 800/999-2782, ext 3395, M-F 8:30 am – 6:00 pm EST.

Date: \_\_\_\_\_

APTA Membership #: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**This is to verify that the above-named student is enrolled in the following entry-level program or FULL TIME in a post-professional program:  
(please check one)**

**Entry Level:**

\_\_\_\_ PT Doctorate

\_\_\_\_ PT Master's

\_\_\_\_ PTA Associate

**Post-Professional:**

\_\_\_\_ Doctorate in \_\_\_\_\_  
Field

*Note: Transition DPT students are not eligible for PT post-professional student membership.*

\_\_\_\_ Master's in \_\_\_\_\_  
Field

\_\_\_\_ APTA credentialed residency/fellowship program

**Note: Eligibility is limited to two years during completion of a master's program, four years for a doctoral program and one year for an APTA credentialed post-professionals residency or fellowship program.**

at \_\_\_\_\_  
(Designate School/Institution, Residency, or Fellowship Name):

Initial enrollment date: \_\_\_\_\_  
(Month/Year)

Expected date of graduation: \_\_\_\_\_  
(Month/Year)

**This information has been released at the student's request.**

\_\_\_\_\_  
(Authorized Faculty Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)