



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 Member Services Department at 800/999-2782, ext 3395, M-F 8:30am – 6:00pm ET.

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 postprofessional 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, five years for a doctoral program and two years for an APTA credentialed post-professional 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)

(Date)