

SIGNATURE PAGE

Self-Study Report

Institution Name

is submitting the required information in fulfillment of the Commission on Accreditation in Physical Therapy Education requirements for accreditation of a physical therapist assistant education program. The information submitted in this report is a true and accurate description of the institution and the physical therapist assistant education program with respect to the information requested.

**Chief Executive Officer of the Institution
& Administrative Title**

Date

**Chief Academic Officer of the Institution
& Administrative Title**

Date

**Academic Administrator of the Program
& Administrative Title**

Date

**Administrative Official of Unit in which the Program resides
& Administrative Title**

Date

Department of Accreditation
American Physical Therapy Association
3030 Potomac Ave., Suite 100
Alexandria, VA 22305-3085