

# 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 therapy education program. The information submitted in this report is a true and accurate description of the institution and the physical therapy 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