**SIGNATURE PAGE**

**Self-Study Report**

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**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 Date**

**& Administrative Title**

**Chief Academic Officer of the Institution Date**

**& Administrative Title**

**Academic Administrator of the Program Date**

**& Administrative Title**

**Administrative Official of Unit in which the Program resides Date**

**& Administrative Title**

Department of Accreditation

American Physical Therapy Association

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