



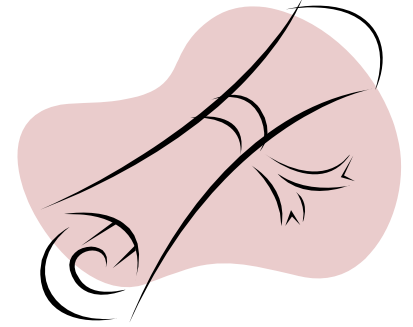
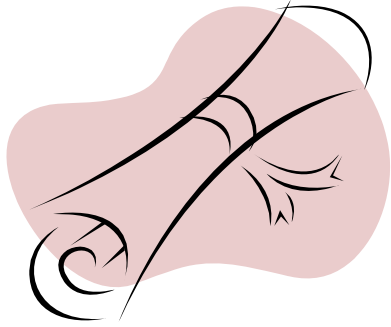
*Physical Therapy Diploma
Awarded to:*

----- *Date:* -----

On completing the Physical Therapy program at the

----- *School*

Physical Therapist



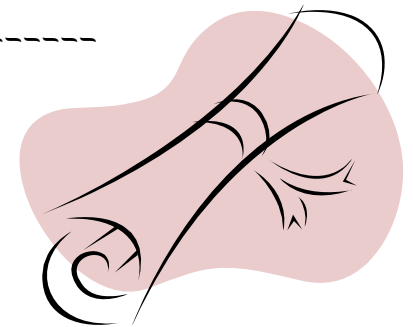
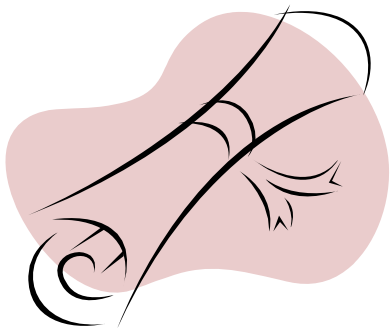
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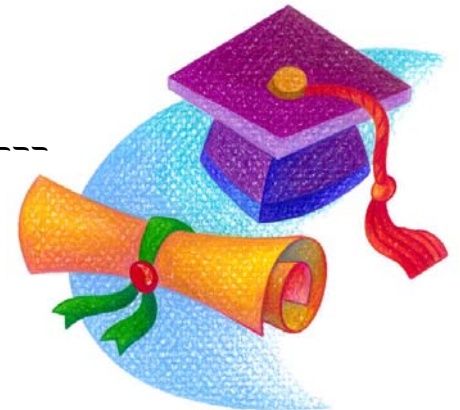
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