**THESIS DEFENSE COMMITTEE CERTIFICATE**

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| **Title of Thesis:** |  |

we certify that we have attended the thesis defense seminar on ***(Enter date here)*** and have also read this thesis and that, in our opinion, it is fully adequate in scope and quality as a thesis for the degree of Doctor of Physical Therapy.

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|  | **NAME OF EXAMINER** |  | **SIGNATURE** |
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