**APPLICATION FORM FOR INSPECTION AND REGISTRATION**

1. Name and Address of Premise/ Clinic/ Centre/ Hospital

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2. Name of Clinical Director/ Registrant in charge

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3. Name (s) of other employed staff and their license number/ qualification

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4. Qualification of Clinical Director/ Registrant in charge

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5. Are the current practicing licence of all Registrants up to date

Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

6. lf No, how many Registrants do not have current practicing licence \_\_\_\_\_\_\_ and why?

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 7. What areas of specialization is being operated in the Clinic/ Hospital

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8. Is the Location suitable for the patient/client management?

 Yes\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

9. Is the Room size comfortable enough for the treatment of patient to accommodate a bed, a physiotherapist/MRTB Professional, a couch and some equipment?

 Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Are there safety measures in place for patient/client & Registrants Safety?

 Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

11. Is there a seminar room/ library for continuous training/ workshop to keep Registrants abreast with current standard of practice?

 Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

12. Is there adequate equipment for effective treatment of patient/client?

 Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Is the equipment in good working condition?

 Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_

14. If No, state the reasons why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Is the toilet facility in good working condition?

 Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

16. Description of the premise

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17. Has the Facility done its C.A.C Registration?

 Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. C.A.C REGISTRATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the end of the inspection, the owner of the premise is expected to make payment of fifty thousand naira (N50,000.00) via remita, after which a receipt will be issued to the premise to acknowledge recognition.

**MODE OF PAYMENT FOR REGISTRATION FOR RECOGNITION**

To make payment for registration for recognition

Simply log to [*www.remita.net*](http://www.remita.net)and follow the procedure below.

1. Click pay TSA/FGN
2. Click “pay” A Federal Government Agency”
3. In the new page, in the box labelled “Name of MDA” type: Medical Rehabilitation” and from the options that drops click on “Medical Rehabilitation Therapy Board 052101500100”
4. Click the next box labelled “Name of \service/purpose” and select the purpose of payment from the drop down menu e.g. Others
5. In the “Description” box dive a brief description of the payment e.g. Registration for Recognition.
6. Please enter the exact amount of money to be paid in the box labelled “Amount To Pay” e.g. 50,000
7. In the next box labelled “payer’s full name” please enter the full name of the premise e.g. ABC Physiotherapy Services.
8. In the “Payer’s E-mail” box please enter the full official email address of the premise.
9. In the “Payer’s Phone” box enter the official phone number of the premise.
10. Just under the box, there is an image containing a set of characters. You will need to type the characters in the image in the box just below the image.
11. Click “Proceed to Payment”.
12. The website then generates the Remita Retrieval Reference (RRR). It is with the code that you either go to the bank, or pay immediately with internet banking or with cards or wallet. If you still have any problems with this process please feel free to call +2348060618337 or send an email to office@mrtb.gov.ng for any assistance you might require.

**Official Use Only**

On completion of the inspection of the premises, the Clinic/Hospital/Gymnasium/Fitness center has met all registration requirements for recognition in accordance with the Acts and Regulation of the Medical Rehabilitation Therapy Board and is given a period of six (6) months to prepare for accreditation. The premise is thereby registered and issued a receipt on this date \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Signed

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Clinical Director/ Registrar in-charge Liaison officer

 (MRTB)