**APPLICATION FORM FOR INSPECTION AND REGISTRATION**

1. Name and Address of Premise/ Clinic/ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)