

REGISTRANT'S PROFILE FORM

MRTB REGISTRANT'S PROFILE FORM

PLEASE FILL IN CAPITAL LETTERS

Kindly complete this form

Licence no: _____

White
background
passport
photograph

PERSONAL PROFILE

1. Name: _____

	Surname	First Name	Others
--	---------	------------	--------
2. Change of name (if applicable): _____
3. Date of Birth:- _____

Day/Month/Year
4. Marital Status: Married () Single () Divorced () Widowed ()
5. Gender: Male () Female ()
6. State of Origin: _____
7. Geo-Political Zone: North Central () North East () North West ()
South East () South South () South West ()
8. Nationality: _____
9. Postal Address: _____

10. Residential Address: _____
11. Current telephone number(s): _____
12. Current e-mail address _____

ACADEMIC PROFILE

UNDERGRADUATE PROFILE

13. University of graduation (Specify): _____

Foreign Institutions (name of Institution and Country): _____

14. Degree at graduation (Specify): _____

15. Professional Practice (Specify): _____

MRTB REGISTRANT'S PROFILE FORM

16. Year of Graduation: _____
17. Year of Internship: _____
18. Place of Internship: _____
19. Year of NYSC: _____
20. Place of NYSC: _____

POST GRADUATE PROFILE:

MASTER'S DEGREE

21. University of Graduation (Full name and Country): _____

22. Course of study: _____
23. Year of Graduation: _____

DOCTOR OF PHILOSOPHY

24. University of Graduation (Full name and Country): _____

24. Course of Study: _____
25. Year of Graduation: _____

WORK PROFILE

26. Last licence renewal (Year): _____
27. Current place of work (Name): _____
 - a. State: _____
 - b. Geo-Political Zone: North Central () North East () North West ()
South East () South South () South West ()
28. Working outside Nigeria: _____

	Place of work	Country
--	---------------	---------
29. Length of practice (years): _____
30. Institution of practice: Private Hospital () Health Centre ()
Federal Medical Centre () General/State Hospital () Specialist Hospital ()
Teaching Hospital () Sport Medical Centre () Academics () Administrative ()
31. Specify current designation/ranks: -
Clinicians: _____

MRTB REGISTRANT'S PROFILE FORM

Academics: Graduate Assistant () Assistant Lecturer () Lecturer 2 () Lecturer I ()
Senior Lecturer () Reader () Professor () Consultant ()

32. Area of specialization: _____

33. Nature of employment: Unemployed () Employed ()
Self employed () Retired ()

34. Professional Certifications: _____

35. Workshops/Conferences/Seminars (in the last 12 months)

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Qualification: (Adequate Inadequate)

Institution of Professional Training: (Accredited Not Accredited)

Internship: (Required Not Required)

License Examination: (Required Not Required)

Registration: (Recommended Not Recommended)

The Type Recommended: (Full Temporary Provisional)

Approval: (Approved Not Approved)

Registrar's name

Signature

Date



The Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB)

REGISTRANT'S APPLICATION FORM FOR:

- **PHYSIOTHERAPISTS**
- **OCCUPATIONAL THERAPISTS**
- **SPEECH THERAPISTS**
- **AUDIOLOGISTS**
- **CHIROPRACTORS**
- **OSTEOPATHS**
- **PROSTHETISTS AND ORTHOTISTS**