

THE MEDICAL REHABILITATION THERAPISTS

(REG.) BOARD OF NIGERIA (MRTB)

C

COMPLETION OF ONE-YEAR PHYSIOTHERAPY INTERNSHIP PROGRAMME

format

NAME OF INTERN:SEX.....

(Surname in CAPITAL letters)

INSTITUTION OF PROFESSIONAL TRAINING:

EMPLOYER (for Internship):

DATE OF COMMENCEMENT AND COMPLETION - FROM: TO:

CLINICAL POSTINGS:

Table with 3 columns: CLINICAL POSTINGS, OVERALL ASSESSMENT: (EXCELLENT - 70% & ABOVE/ SATISFACTORY -50-69% UNSATISFACTORY - BELOW 50%), and REMARK. Rows include SURGERY & ORTHOPAEDICS, OBSTETRICS & GYNAECOLOGY, PAEDIATRICS, MEDICINE/ NEUROLOGY, GROUND ROUNDS/ WARD ROUNDS/ SEMINARS, and OVERALL CONDUCT & BEHAVIOUR.

HEAD, DEPARTMENT OF PHYSIOTHERAPY

THE CHIEF MEDICAL DIRECTOR OR MEDICAL DIRECTOR

(Full Name and Signature with Date)

(Full Name and Signature with Date)

BOARD'S OFFICIAL USE

QUALIFICATION: (Adequate [] Inadequate [])

INSTITUTION OF PROFESSIONAL TRAINING: (Recognized [] Not Recognized [])

HOSPITAL FOR INTERNSHIP: (Recognized [] Not Recognized [])

OVERALL ASSESSMENT: (Successful [] Unsuccessful [])

BOARD ACTION

FULL LICENCE: (Approved [] Not Approved [])

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Registrars