



THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA

REGISTRATION FORM

REQUIREMENTS

1. Copy of Provisional Professional Licence.
2. Professional Certificate (Degree).
3. Record of Internship.
4. NYSC Certificate.
5. Appropriate Fees.

*Four (4) Passport
Photographs*

BIO-DATA

Name in full (Surname first in CAPITALS):

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Date of Birth: Marital Status: Sex:

Nationality: Geopolitical Zone:

State of Origin: Local Govt. Area:

CONTACTS

Postal Address:

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Residential Address:

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Email address:

Telephone No.: Fax:

EDUCATIONAL QUALIFICATIONS

University (ies) or Higher Institution(s) attended with date(s):

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Year of Completion:

Types of Certificate(s) obtained:
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JOB EXPERIENCE

Professional Practice:

Year of Internship:

Place of Internship:

Year of NYSC:

Place of NYSC:

Past/Present Job Location:

Present Status:

.....
Signature

.....
Date

OFFICIAL USE

Qualification: (Adequate Inadequate)

Institution of Professional Training: (Recognized Not Recognized)

Internship: (Required Not Required)

Licensate Examination: (Required Not Required)

Registration: (Recommended Not Recommended)

The Type Recommended: (Full Temporary Provisional)

Approval: (Approved Not Approved)

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Registrar's Name

.....
Signature

.....
Date