

THE MEDICAL REHABILITATION THERAPISTS
(REGISTRATION) BOARD OF NIGERIA (MRTB)

A

Format

REGISTRATION FORM FOR PHYSIOTHERAPY INTERNS

NAME: (In Capital letter)

.....
.....

NATIONALITY: DATE OF BIRTH:

POSTAL ADDRESS:
.....

TELEPHONE & E-MAIL ADDRESS:

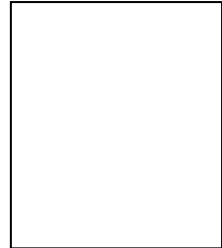
INSTITUTION OF PROFESSIONAL TRAINING:
.....

DATE OF QUALIFICATION:

EMPLOYER:

DATE OF EMPLOYMENT:

SIGNATURE AND DATE:



OFFICIAL USE ONLY

(Applicant must not write below this line)

QUALIFICATION: (Adequate Inadequate)

INSTITUTION OF PROFESSIONAL TRAINING: (Accredited Not Accredited)

Provisional registration: (Recommended Not recommended)

HOSPITAL FOR INTERNSHIP: (Accredited Not Accredited)

BOARD ACTION

PROVISIONAL REGISTRATION: (Approved Not Approved)

.....

Registrar

