



THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA

ACADEMIC ACCREDITATION FORM

For: _____

1 Passport
Photograph

BIO-DATA

Name:
Surname Middle name Other names

Age: Sex: Religion:

Nationality: Marital Status: No. of Children:

Telephone Nos.: Email address:

EDUCATIONAL QUALIFICATIONS

Professional Institutions/Universities attended with dates:

.....

Certificates Obtained with Dates:

.....

Post Graduate Qualification(s) Obtained with Date(s):

.....

JOB EXPERIENCE/AREAS OF SPECIALIZATION

Year and Place of Internship:

Year and Place of NYSC:

Present Employment Status (Designation):

Present Job Description:

.....

Your area of Specialization:

Total No. of Physiotherapists in your area of Specialization:

Frequency of Departmental Seminar & Ground Round:

Average No. of Patients in your area of specialization (day/week/month/year):

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List of State-of-art equipment available in your area of specialization:

.....

.....

Interdisciplinary/Departmental Consultative Fora (Seminars, Workshops, e. t. c.) attended over the past twelve (12) calendar months:

.....

No. of publications over past two (2) years:

.....

How many of your publications were published in recognized journal(s) e. g. MRTB Journal:

.....

As a University lecturer give three (3) major challenges/achievements since your engagement:

.....

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Have you ever been convicted for any criminal offence(s)? Yes/No:

(If yes, give details using a supplementary sheet)

Your MRTB Current Licence No:

(Attach Photocopy)

Signature & Date: