



THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA

CLINICAL 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):

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:

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: