

BOARD FOR THE REGISTRATION OF CYPRUS PHYSIOTHERAPISTS

PART A

APPLICATION FOR REGISTRATION IN THE CYPRUS REGISTER OF PHYSIOTHERAPISTS

Personal Information

(Please in capitals)

Surname: _____

Name: _____

Family Name: _____

(for married women)

Nationality: _____

Identity Card Number: _____

Passport Number: _____

(for non Cypriots)

Natinality of spouse (for married applicants): _____

Permanent residence address: Street: _____

(address to which the Board Municipality/ village: _____

may contact with you) Postal Code: _____

City: _____

Home Tel. No: _____

Work Tel. No: _____

Mobile: _____

E-mail address: _____

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Sex:	Male	Female	<input type="checkbox"/>
Date of birth:	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications

Please state all the qualifications you have obtained in relation to your profession, such as basic training (BSc etc.), Master, PhD etc. and the date you have obtained them:

FOR SERVICE USE

Application No: _____

Registration No: _____

Date of receipt of application	<input type="text"/>	Approved	Rejected
Registration fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration date	<input type="text"/>	<input type="text"/>	<input type="text"/>

BOARD FOR THE REGISTRATION OF CYPRUS PHYSIOTHERAPISTS

PART B

APPLICATION FOR REGISTRATION IN THE CYPRUS REGISTER OF PHYSIOTHERAPISTS

Duration of registration

Permanent

Temporary

(only for non Cypriot citizens)

General Information

Academic/ Professional Training of applicant (secondary/ post-secondary education)

Secondary:

Beginning

End

Full Name of the School of Physiotherapy/ University from which you have obtained your diploma:

Full Address of the School of Physiotherapy/ University:

Phone No:

Fax No:

E-mail address:

Details of basic training in physiotherapy:

	1	2	3	4
Duration on years (mark X in the appropriate boxes)				
Number of weeks per academic year				
Number of teaching hours per week				

Date of beginning of studies:/..../....

Date of completion of studies:/..../....

Academic title:

Diploma-----

BSc-----

Other-----

Details of Clinical Training:

Date of beginning and expiration	Hours per week	Hospital/ Clinic	Supervisor	Fields Covered

Necessary Documents

(Original certificates/ diplomas must be produced and photocopies certified and translated must be submitted by the Press and Information Office of the Republic, if necessary)

(A) For all applicants:

- | | |
|---|--------------------------|
| Certificate of Secondary School | <input type="checkbox"/> |
| Degree/ Diploma | <input type="checkbox"/> |
| Certificate of birth | <input type="checkbox"/> |
| Certificate of marriage for married non Cypriots | <input type="checkbox"/> |
| Detailed curriculum of studies | <input type="checkbox"/> |
| Certificate of practical training | <input type="checkbox"/> |
| Certificate of clean criminal record | <input type="checkbox"/> |
| (a period of three months from the date of issue must not have passed) | |
| The Board may request a certificate of recognition of the professional title of studies by the competent authorities of the country of studies) | <input type="checkbox"/> |

(B) Additional information for non Cypriot citizens of the European Union:

- | | |
|--|--------------------------|
| Passport | <input type="checkbox"/> |
| Certificate of recognition of the professional title of studies by the competent authorities of the country from which the applicant comes | <input type="checkbox"/> |
| Licence to practice the profession (Certificate of term of working experience) | <input type="checkbox"/> |
| Certificate of employment by a Cypriot employer | <input type="checkbox"/> |

Solemn Declaration:

1. I hereby declare that the above information is duly complete and true.
2. I am pledged, in case of registration, to conform in every respect to the provisions of the law and the regulations in force.

Full Name of applicant: _____

Signature: _____ Date: _____

Full Name of witness: _____

Signature: _____