

THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA

Current Passport Photograph

CPD ACTIVITY RECORD FOR YEAR 2016

Name of	f MRTB Registrant					
		Title	Surname	First - name	e Miaai	e – name
Licence No			Sex .	Б		
E-mail a	ddress:					
Residen	tial Address:					
Place of	Work:					
Phone N	Jumber:					
Qualific	ations: (Please tick	as appropria	te) Bsc() Msc() Phd	() Tdpt() Others	•••••	
Date of CPD	Type of CPD	No of Units	Name of Provider	Signature of CPD Provider Representative	Signature of MRTB Representative	Signature of Head of Department
I certify		on above is co	orrect to the best of n		ring in mind that	any wrong
Signature of Registrant / Date			Signature of HOD Institute MRTB / Date			
		Signature	of Registrar, MRT	 B / Date		