



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

CPD FACILITATORS' FORM

**CONTINUING PROFESSIONAL DEVELOPMENT
(CPD) PROGRAMME**

*Current
Passport Photograph*

License No.....

Sex

M F

Date of Birth

D M Y

Surname.....Change of Name.....

(Please provide evidence of change of name)

Other Names.....

Last License renewal:.....D/.....M/.....Y (please provide evidence/duplicate copy)

Current Place of Work:.....

Current Email address:.....

Current Phone number:

Postal Address:

Area(s) of Specialization:

Current Educational qualification: (Please tick as appropriate) BSc() MSc() PhD() tDPT()

Certifications:

Note

Please attach copies of your CV/Profile, evidence of current educational qualification, certifications, course content and evidence of payment as a CPD facilitator.

OFFICIAL USE

Please tick as appropriate

Current Licence

Adequate

Inadequate

Payment of Registration fees as CPD Facilitator

Adequate

Inadequate

Submission of CPD Facilitators' Profile/CV

Adequate

Inadequate

Submission of CPD Course Content

Adequate

Inadequate

Submission of CPD evidences of current educational
Qualifications and Certifications

Adequate

Inadequate

Approval

Approved

Not Approved

.....
Registrar's Name

.....
Signature

.....
Date