



PHYSIOTHERAPIST/PHYSICAL THERAPIST INTERNSHIP REGISTRATION FORM

A person may apply for registration as a Physical Therapist/Physiotherapist in Trinidad and Tobago under the provisions of The Professions Related to Medicine Act Chapter 90:04 Act 35 of 1985.

PART I –DOCUMENTS REQUIRED FOR APPLICATION FOR INTERNSHIP STATUS

The following documents must be submitted for initial assessment by the Physiotherapists Board of Trinidad and Tobago (The Board).

1. Completed Physiotherapists Board Internship Application Form
2. Two (2) Professional Reference Forms. These can be completed by any of the following: - Head of the Physical Therapy School, Course Instructor, Physician, or Physical Therapist other than the Physical Therapist preceptor who will verify your clinical placement experience. Please be guided by the above suggested options as this is a professional reference.
3. Police Certificate of Good Character dated no longer than 3 months prior to submission of documents.
4. Letter from the University stating completion of program/ a copy of your diploma certified by the University of the West Indies

PART 2 –SUBMISSION OF DOCUMENTS

Applicants should submit a full and completed application package. All mail should be delivered by hand or sent via registered mail (such as DHL/FedEx) to:

**The Secretary, Physiotherapists Board
% The Council of Professions Related to Medicine
Shop #4, Government Plaza,
Richmond Street
Port of Spain
Trinidad W.I.**

Physiotherapists Board of Trinidad and Tobago
% Council for Professions Related to Medicine
Shop #4 Government Plaza, Port of Spain, Trinidad and Tobago, W.I
Email: ptboardtt@gmail.com



If you have not sent all the required documents on initial review, the Board will allow a three (3) month grace period to complete the registration process from receipt of the first document. You will be required to re-commence the process, if this period is exceeded.

PART 3- FURTHER INFORMATION:

Non-Nationals

The applicant must have met applicable requirements under the Ministry of Foreign Affairs to be employed in Trinidad and Tobago.



COUNCIL FOR PROFESSIONS RELATED TO MEDICINE
PHYSIOTHERAPISTS BOARD
TRINIDAD & TOBAGO

PHYSICAL THERAPISTS/PHYSIOTHERAPISTS INTERNSHIP APPLICATION FORM:

This application must be completed in full. If a section does not apply, write N/A in the space provided.
Please print or type.

*Staple
Passport Size
Photograph
here*

SECTION ONE

Name:

Last

First

Middle Name(s)

Maiden

Mailing Address:

Street/Box

City/Town

State

Zip Code

Country

E mail:

Gender:

Male

Female

Place of Birth: _____

Date of Birth:

Year

Month

Day

Nationality: _____

Business Telephone: () ()-()

Home Telephone: () ()-()

Cellular phone: () ()-()

Proposed Employment: (facility name, address and telephone number)

Physiotherapists Board of Trinidad and Tobago
% Council for Professions Related to Medicine
Shop #4 Government Plaza, Port of Spain, Trinidad and Tobago, W.I
Email: ptboardtt@gmail.com



SECTION TWO

Name as it appears on degree (if different from above):

| | |
|----------------|--------|
| _____ | _____ |
| Last | First |
| _____ | _____ |
| Middle Name(s) | Maiden |

SECTION THREE

Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere or privilege's crime (felony or misdemeanor) in any court? **yes** **no**

Are any criminal charges pending against you in any court? **yes** **no**

NOTE: If you answer "yes" to any of the questions in section 3, submit and attach a letter giving a complete detailed explanation

SECTION FOUR

Clinical Placement Data

In chronological order, from most recent to most remote, list all clinical rotations completed. (Attach additional sheets if necessary).

| <i>Facility</i> | <i>Address of facility</i> | <i>Dates of placement</i> | <i>Area of exposure (e.g. Neurological, Cardiorespiratory, Orthopedic, Paediatric, Mixed)</i> |
|-----------------|----------------------------|---------------------------|---|
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SECTION FIVE

APPLICANT

Affidavit with acknowledgment (Notarization required)

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial of registration.

Signature of applicant: _____

Date: _____

NOTARY

On the _____ day of _____ in the year _____ before me, the undersigned personally appeared, and is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore the statements made by him/her in the application and all supporting materials, are true, complete and correct.

Notary Public Signature: _____

Notary ID number: _____

Expiration date: _____

PLACE STAMP/SEAL HERE

