

FOURTH SCHEDULE

(Section 7)

BOARD FOR THE REGISTRATION OF CYPRUS PHYSIOTHERAPISTS

PART A

**APPLICATION FOR REGISTRATION IN THE CYPRUS REGISTER
OF PHYSIOTHERAPISTS**

Personal Information:

(Please in capitals)

Surname:.....		Married		Single	
Name:.....	Sex	Male		Female	

Family Name:
(for married women)

Date of Birth:

Day Month Year

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Nationality:.....

Identity Card Number:.....

(for non Cypriots)

Nationality of spouse (for married applicants):

Permanent residence address (Contact address for the Board)

Street:

Municipality/village:

Postal Code:.....

City:

Home Tel. No.:

Work Tel. No:

* See Note at the end of the text.

Mobile:

E-mail address:

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:

.....
.....
.....
.....

Application No **FOR SERVICE USE** **Registration No**

Date of receipt of application		Approved	Rejected
Registration fee			
Registration date			

**BOARD FOR THE REGISTRATION OF 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 physiotherapy school/university:

Phone No:

Fax No:

E-mail address:

Details of basic training in physiotherapy:

	1	2	3	4
Duration in 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 by the Press and Information Office of the Republic, must be attached if necessary)

A. For all applicants:

- Certificate of Secondary School
- Degree/ Diploma
- Certificate of birth
- Certificate of marriage for married non Cypriots
- Detailed curriculum of studies
- Certificate of practical training
- Certificate of clean criminal record
(not more than three months must have elapsed from the date of its issue)
- The Board may request a certificate of recognition of the professional title of studies by the competent authorities of the country of studies

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

Passport

Certificate of recognition of the professional title of studies by the competent authority of the applicant's country of origin

Licence to practise the profession (Certificate of period of working experience)

Certificate of employment by a Cypriot employer

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

.....

Revenue Stamp: €8*

* P.I. 312/2007 issued pursuant to section 9(1) of the Adoption of the Euro Law, 2007 (L.33(I)of 2007, as amended)