To : Secretary, Occupational Therapists Board

Application for Registration as an Occupational Therapist in Part II of the Register under Section 12(1)(b) of the Supplementary Medical Professions Ordinance

by *Mr/ Ms _____

The above-named person applies for Part II Registration and I confirm the following:

(a) The OT process that the above-names person participated in is as follows:

_____

_____

_____

_____

_____

_____

(b) The period is as follows :

From _____to_____ (total : _____ hours[note]).
      (date)   (date)

Note: the number of hours should not be less than 30

*Please delete as appropriate

Signature of the Supervising Occupational Therapist : _____

Name of the Supervising Occupational Therapist : _____

Registration Number / Registration Body : _____

Current Post Title : _____

Organization : _____

Contact Telephone Number: : _____

Business Address : _____

_____

Date : _____