

Post Qualification Experience Form (Part II)

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-named 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

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 : _____