COUNCIL FOR PROFESSIONS RELATED TO MEDICINE
PHYSIOTHERAPISTS BOARD
TRINIDAD & TOBAGO

APPLICATION FOR FULL REGISTRATION

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 REGISTRATION

The following documents must be furnished before the Board considers your application for registration by credentials. Please read all the information carefully.

1. Completed Physiotherapists Board Application for Registration Form

2. A Credentials Evaluation Report sent directly by the credential's evaluation service. ***(****Not applicable for new graduates of the University of the West Indies, Mona, Jamaica, or CAPTE accredited US PT programs)*

3. Verified copy of Degree/ Diploma

4. If English is not your first language, verification of successful passage of the English language proficiency examination sent directly from the Educational Testing Services (TOEFL)

5. Verification of Licensure/Registration completed by the state(s) or countries where you hold or have ever held a license or permit or registration to practice Physical Therapy/Physiotherapy.

6. Supervised Work Experience Verification form. This must be completed by a supervising physical therapist showing satisfactory evidence of a minimum of six months supervised work experience while licensed or registered in another state, territory, or satisfactory completion of an internship program

7. Two (2) Professional Reference forms 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 work experience.

8. Police Certificate of good character dated no longer than 3 months prior to submission of documents

Non-Nationals

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

Test of English

If English is not your first language, you must pass the Test of English as a Foreign Language (TOEFL) within the last two (2) years. Please contact:

Educational Testing Services
P.O. Box 6151
Princeton, NJ 08541, USA
(609) 771-7100
http://www.ets.org

Credential Evaluation

If an applicant has not had his/her transcripts evaluated, the following credential evaluation companies have been approved by the board for this service:

a. FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)
   124 West Street South
   Alexandria, VA 22314, USA
   (703) 684-8406
   http://www.fccpt.org

b. INTERNATIONAL CREDENTIALING ASSOCIATES INC. (ICA)
7245 Bryan Dairy Road
Largo, Florida 33777, USA
(727) 549-8555
http://icaworld.com

c. INTERNATIONAL CONSULTANTS OF DELAWARE, INC (ICD)
PO Box 8629
Philadelphia, PA 19101-8629
(215) 222-8454
http://www.icdeval.com

PART 2- NEXT STEPS AND FURTHER COMMUNICATION

Please note the following

- Your documents must be sent in soft and hard copy to assist in processing times.
  - Soft copy - ptboardtt@gmail.com
  - Hard copy- All mail should be delivered by hand /sent via registered mail (e.g. DHL/FedEx)

Attn: Chair, Physiotherapists Board
% Council for Professions Related to Medicine
Shop #4 Government Plaza, Richmond Street, Port of Spain

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

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- **Checking availability**: Only written requests will be acknowledged. Address all queries via email to ptboardtt@gmail.com or the above address.
- **Communication of decisions**: All communication will be sent via email. Please do not call to check the status of your application unless communication exceeds 3 months.
- **Registration Fee**: When your application is accepted, you will be informed and issued a payment clearance form which you will take to the Council's office at the above address. There you will make your payments and receive your photo card which is your annual practice license.
- **Issue of Permanent Practice certificate**: Your certificate is prepared by the Council and you will be notified for collection via email.

Secretary
Physiotherapists Board
December 2019

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APPLICATION CHECKLIST

Complete the following checklist and return the signed original with your application. Please do not send partially complete applications. Incomplete applications will not be processed.

REQUIRED ITEMS

☐ Signed, completed Application for Registration

Full registration application

☐ Verified copy of Diploma

☐ Police Certificate of Good Character (not more than 6 months prior to date of application)

☐ Professional Reference forms (2)

☐ Supervised Work Experience Verification form

ADDITIONAL DOCUMENTS (Tick as needed)

□ Credentials Evaluation Report

Agency name: _____

☐ Internship Evaluation forms

☐ Cardiopulmonary/ Surgical and Critical Care ☐ Neurology

☐ Pediatric ☐ Orthopedic ☐ Other _____

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

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☐ Verification of Licensure/Registration

- ☐ Licencing Body:_____
- ☐ Licencing Body:_____
- ☐ Licensing Body:_____

☐ Proof of English Proficiency (TOEFL)

I attest that the above items are complete and represent the official documentation required for my registration with the Physiotherapists Board of Trinidad and Tobago.

_____ _____

Applicants Signature **Date**

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