

+18102801035 (WHATSAPP/DIRECT)



REGISTRATION FOR THE TRANSITIONAL DOCTOR OF PHYSICAL THERAPY

DEGREE CONFERRED BY

UNIVERSITY OF MONTANA, USA

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| **CHOOSE YOUR PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Rehab Administration BSc to DPT  Certificate | | | | | | | |  | |  | ACCELERATED BSc to DPT | | | |  | | |  | | |  | | | | | | | |  | | |
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| MSc to DPT | | | | | | | |  | |  | ACCELERATED MSc to DPT | | | |  | | |  | | |  | | | | | | | |  | | |
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| FOR NIGERIAN CANDIDATES (ONLY) | | | | | | | | |  | | |  | |  | |  | | |  | | |  | |  | |  | |  | | |
|  | REFERRAL FOCAL PERSON | | | | | | | | Abdulsalam Yakasai | | |  | | Fatima Halilu | | | | | | | | | | | | | |  | | |
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| **PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NATIONALITY | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CURRENT ADDRESS | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE NUMBER | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ACADEMIC QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HIGHSCHOOL | |  | NAME OF SCHOOL |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | YEAR ATTAINED |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| POST-SECONDARY | |  | NAME OF QUALIFICATION |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | YEARS ATTENDED |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | YEAR GRADUATED |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PT LICENSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | LICENSE NUMBER |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ENGLISH LANGUAGE PROFICIENCY TESTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | SCORE |  |  | |  | | | | |  |  | | | | | | | | | | | | | | | | |  | | |
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| **CREDENTIAL REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you completed a credential report in the past 2 years? | | | |  | Yes |  | No | | | | |  |  | | | | | | | | | | | | | | | | |  | | |
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| If Yes: Name of credential agency | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Year of Credential Report | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLEASE ATTACH YOUR CV & SEND TO INFO@CONSULTSYLLABI.COM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLEASE CHECK WITH THE FSBPT FOR CREDENTIALING REQUIREMENTS FOR PT LICENSING IN THE US. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | [info@consultsyllabi.com](mailto:info@consultsyllabi.com) | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  | | |
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