

Appendix 1

(school and department names) or (hospital name)							
Physical Therapist Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subject	Course Details						Minimum Duration
Required	Musculoskeletal physiotherapy						6 weeks (240 hours)
	Physiotherapy of the nervous system						6 weeks (240 hours)
	Physiotherapy of the respiratory and circulatory systems (including bed-side physical therapy)/pediatric physical therapy						6 weeks (240 hours)
Elective	Sports injuries and sports technologies, long-term care, special education, rehabilitation, community and home-based rehabilitation, physical fitness and health promotion, oncologic physical therapy, burn physiotherapy, workplace physical therapy, women’s health, disability diagnosis or needs assessment, disability support services, assistive technology assessment, TCM physiotherapy, hospice or end-of-life care, and general physical therapy.						Not Specified
<p>This is to certify that the applicant has met the requirements for the length of internship period totaling at least 36 weeks (1,440 hours) and has passed all internship subjects.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">President:</p> <p style="text-align: center;">(school seal)</p> <p style="text-align: center;">Department (Division) Chair:</p> <p style="text-align: center;">Date: ____/____/_____(MM/DD/YYYY)</p> </div> <div style="width: 45%; text-align: right;"> <p>(signature or seal)</p> <p>(signature or seal)</p> </div> </div>							
<p>Note:</p> <p>1. This certificate must be issued by the school based on actual facts. The school shall be</p>							

responsible for all information stated above.

2. This certificate is only for the applicant's use for the registration for Senior Professional and Technical Examination for Physical Therapists.