

Appendix 2

Taiwan Physical Therapy Association							
Physical Therapist Makeup Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID. No.	
Subject	Course Details				Internship Site	Start and End Dates	Duration
<input type="checkbox"/> Required	Musculoskeletal physiotherapy					MM/DD/YYYY   MM/DD/YYYY	__week(s) ___hours
	Physiotherapy of the nervous system					MM/DD/YYYY   MM/DD/YYYY	__week(s) ___hours
	Physiotherapy of the respiratory and circulatory systems (including bed-side physical therapy)/pediatric physical therapy					MM/DD/YYYY   MM/DD/YYYY	__week(s) ___hours
<input type="checkbox"/> 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.					MM/DD/YYYY   MM/DD/YYYY	__week(s) ___hours
<p>This is to certify that the applicant has successfully completed the internship program for a period of _____ weeks (or _____ hours) and has passed all internship subjects.</p> <p>(Taiwan Physical Therapy Association seal)</p>							

President:

(signature or seal)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_( MM/DD/YYYY)

Note:

1. This certificate must be issued by Taiwan Physical Therapy Association based on actual facts.  
The Association shall be 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.