

**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 Allied Health 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:

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(b) The period is as follows :

From \_\_\_\_\_ to \_\_\_\_\_ ( total : \_\_\_\_\_ hours<sup>note</sup>).  
(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 : \_\_\_\_\_