

Request for a Certificate of Registration

To obtain a Certificate of Registration (suitable for framing), complete this form below and send it to the Board:

By mail to:
The Physiotherapy Board
PO Box 10-734
Wellington 6143

By email to:
The Physiotherapy Board
registration@physioboard.org.nz

Full Name (as entered on the Register): _____

Registration Number: _____

The Certificate of Registration is to be mailed to:

Your postal address:

Is this a new address?

Signature of Registrant: _____

**The Certificate of Registration confirms registration only.
It does not confirm good standing or the holder's current practising status.**

There is a NZ\$69.00 fee for providing a "Certificate of Registration".
Please complete the payment advice below. Payment in New Zealand dollars only.

PAYMENT ADVICE: Certificate of Registration

Amount payable: **\$69.00** **Debit/Credit Card:** Visa MasterCard **Bank Draft**

Card number:

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Expiry date:

Month / Year

Card security number:

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For Visa or MasterCard, the card security code is the last 3 digit number located on the back of your card, printed on the signature panel.

Name on card:

Cardholder's Signature:

I authorise the Physiotherapy Board to charge the credit card account above with the sum of \$NZ69.00 (GST incl).