



Innisfree International College & Convention Centre

An Oasis for Reflective Inspiration

Lough Gill, Sligo, Republic of Ireland

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Innisfree International College & Convention Centre (IIC&CC)

Prep Course Programme (PCP) requirements for

Occupational Therapist (OT)

In collaboration with MGH Institute of Health Professions, USA.

Personal Details:

First name: _____

Middle name: _____

Last name: _____

Email address: _____

Passport number: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Residence: _____

Passport date of issue: _____

Passport date of expiry: _____

Male/Female: _____

Social Security Number: _____

Marital Status: _____

Children Y N If yes, number _____

6 x coloured
passport
sized photos

Permanent Address:

Home address: _____

Mailing address: _____

Qualifications:

Educational background (please provide details. Attach proofs as appropriate.)

Secondary School Form V or equivalent

Degrees and diplomas obtained other than Bachelor of Occupational Therapy.

Full transcripts must be attached

Bachelor of Occupational Therapy. (NLT three years syllabus) Attach full transcript from an accredited OT program, recognised by the ACOTE or WFOT

Valid/Current National OT Licence/Registration details. State country where issued (Or membership in a recognised international association or agency.)

Medium of instruction/Were English text books used?

Y N

If yes, to what extent

NBCOT or equivalent examination results if available (attach copy of results.)

Experience:

Can you provide proof of NLT two years postgraduate experience as an Occupational Therapist?

Y N

If yes, please give details

Can you provide age specific practice experience in any or all of the following age ranges?

0-18

Y N

19-55

Y N

56 and over

Y N

If yes, please give details and attach proofs

English Language proficiency skills: (attach most recent test results.)

(Level must have been attained within the previous 18 months.)

TOEFL:

Y N

If yes, PBT score _____ CBT score _____ iBT score _____

IELTS: – academic module

Y N

If yes, give overall result _____

Areas of specialisation:

Provide a self-reported typewritten summary of supervised clinical experiences to include:

Dates and number of clock hours of each supervised clinical experience

Type of facility in which each supervised clinical experience took place

Overall focus of each supervised clinical experience

(Type written report attached)

Y N

Are you prepared to undertake

a CORI check

Y N

the Finger Print Process

Y N

the NBCOT or equivalent examination

Y N

the CGFNS Certificate Program

Y N

the VCVC

Y N

Do you have a genuine desire to work and live abroad

Y N

Additional Information

Make sure that you have attached the following to this application or present originals (where indicated) at time of induction on the PCP:

a. At induction be prepared to present two (2) forms of valid, original identification, one of which must have your signature: Passport AND another form of government/official issued identification, such as a driving licence or other photographic identification.

Y N

b. Six (6) coloured, passport sized photographs.

Y N

c. A current, detailed resume.

Y N

d. Authenticated High School Leaving Certificate.

Y N

- e. Authenticated Professional Qualification as RGN/PT/OT,
as applicable. Y N
- f. A Transcript of professional training which must include theory
and clinical hours. Y N
- g. Authenticated ESL examination result(s) Y N
- h. At induction be prepared to present a copy of a current,
valid practicing professional licence as RGN/PT/OT, as applicable. Y N
- i. A certificate of 'Good Standing/Registration or Licence' or a certificate
of employment from each country in which you have practiced. Y N
- j. An official certificate of service covering a minimum period
of two (2) years from an authorised person at the health facility
where you now work or have worked during the said period. This
should be in the form of a letter with reference number
and signed by two authorised professionals e.g. Head of Department,
Hospital Director or Director of Nursing or equivalent. Y N
- k. An authenticated copy of ALL pre RGN/OT/PT educational certificates
e.g. Secondary School Certificates. Y N
- l. An authenticated copy of ALL relevant licences and registrations. Y N
- m. An authenticated copy of ALL professional licences acquired in
countries other than your home/source country. Y N
- n. Original Birth Certificate Y N

Declaration

If your answer is "yes" to any of the following, explain fully in a signed and notarised statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of your application by the IIC&CC or ERC, LLC.

1. Has disciplinary action ever been taken regarding any licence,
certificate, registration or permits you hold or have held?
Y N
2. Have you ever been denied a licence, certificate, registration or permit to
practice a professional regulated health occupation in any country?
Y N
3. Have you ever been convicted of, pleaded guilty or nolo contendere to a
violation of any Federal law, or local law relating to the use, manufacturing,
distribution or dispensing of a controlled substance or drug addiction?
Y N
4. Have you ever been censured, reprimanded or requested to withdraw,
resign or retire from any hospital or health care facility in which you have
trained, held staff membership or privileges or acted as a consultant?
Y N
5. Have you ever had a malpractice judgment against you or settled
any malpractice action?
Y N

I have carefully read the questions in this application form and have answered them completely, without reservation and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information whatsoever or howsoever arising in this application, I hereby agree that such act shall constitute sufficient cause for the denial or suspension or revocation of this application.

I also hereby agree to proceed on this PCP subject to the terms and conditions of same and I confirm that I will at all times abide by the rules, regulations, policies, practices and procedures of the IIC&CC and the ERC, LLC, as amended from time to time.

N.B. Please refer to www.iiccc.info for a detailed person specification.

Signed: _____

Print name: _____

Address: _____

Witness:* _____

Date: _____

* Must be a person of professional standing. No relatives please.