



Private practitioners must provide the following documentation in order to satisfy the registration board regarding their private practice in the Republic of Ireland during the relevant period:

1. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.

and

2. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.

and

3. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - a. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - b. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.

Note: Beware of Data Protection Requirements and seek necessary authorisation from data subjects prior to submitting confidential data to CORU.

and

4. **Two** Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority, related to the relevant period.
 - a. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - b. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - c. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - d. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - e. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.
 - f. Form of Practice Agreement (if applicable) and Form of Practice Agreement (if applicable) signed by the practitioner and the relevant authority.

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Documentation Requirements Checklist for Applicants in Private Practice

ဇယားထဲသို့ အောက်ဖော်ပြပါအတိုင်း အချက်အလက်များကို ဖြည့်စွက်ပြီး၊ အောက်ဖော်ပြပါအတိုင်း အချက်အလက်များကို ဖြည့်စွက်ရန် လိုအပ်ပါသည်။

Name: [Blank] Date of Birth: [Blank]
Profession: [Blank]
Relevant Period: From: [Blank] To: [Blank]
Business Name: [Blank]
Operational Business Address: [Blank]

Items 1, 2 and 3 are mandatory for all applicants and two items from the list from 4 – 9 are also required: Please tick when enclosed
1. [Blank]
2. [Blank]
3. [Blank]
a. [Blank]
b. [Blank]

Two items are also required from items 4 – 9 below for the relevant period.
4. [Blank]
5. [Blank]
6. [Blank]
7. [Blank]
8. [Blank]
9. [Blank]

Signature of Applicant: [Blank]
Date: [Blank]

Send to: [Blank]

ဖျက်သိမ်းခြင်း ဖြစ်နိုင်ပါသည်။ အောက်ဖော်ပြပါအတိုင်း အချက်အလက်များကို ဖြည့်စွက်ရန် လိုအပ်ပါသည်။