



APPLICATION FORM

FOR ENTRY IN THE CYPRUS
REGISTER OF SPEECH-LANGUAGE
PATHOLOGISTS

CYPRUS REGISTRATION COUNCIL OF SPEECH-LANGUAGE PATHOLOGISTS
(Laws 136(I)/2001 and 55(I)/2004)

FOR OFFICIAL USE

File No.		Signatures	
Register No.		Chairperson	
Date of receipt of the application		Members	
Date of approval			
Approved			
Rejected			

PERSONAL INFORMATION

Full name:			
Date of birth:			
Address:			
	P.C.	City:	
Home Phone No.:		Mobile Phone No.:	
Work Phone No.:		Fax No.:	
Email address:			
Nationality: (tick as appropriate)	<input type="checkbox"/> Citizen of the Republic of Cyprus	<input type="checkbox"/> Citizen of EU Member State <input type="checkbox"/> Other nationality _____	
Country of usual residence:			
Identity Card No.:			
Passport No.:			

SPECIFIC INFORMATION

- Under article 6 of Law 136(I)/2001, as amended by Law 55(I) of 2004, the applicant must:
- be a citizen of the Republic or of a Member State or, at the time of submission of the application, be the spouse or child of a citizen of the Republic of Cyprus and have his/her usual residence in Cyprus
 - be over twenty-one
 - be of good character
 - hold a degree or diploma in speech-language pathology, speech-language therapy or logopaedics, recognised by the Cyprus Council for the Recognition of Higher Education Qualifications (KYSATS), **or**
 - fulfill the criteria for the exercise of the profession in a Member State of the European Union and hold the required certificates, in accordance with the law which provides for the recognition of professional qualifications and related matters (L. 31(1)/2008).

The entry in the Register of EU citizens is subject to the above Law and the provisions of the law on the recognition of professional qualifications and related matters (L.31(I)/2008).

Title of Degree BSc/MSc, etc.	Full title	Duration of Studies from – until	Date of obtaining the Degree	Name of University and country where the Degree has been obtained

GENERAL INFORMATION

Workplace	Duties	Dates

REQUIRED CERTIIFICATES

➤ This application must be accompanied by the following **certified** photocopies either in Greek or in English (**with the exception of** the Police Certificate which must be **original**). The photocopies can be certified either by the president of the community where the applicant resides or a certifying officer. Certificates in other languages must be translated and stamped by the Press and Information Office.

- Degree/s or diploma
- Transcripts
- Certificate of Equivalence by KYSATS (NOT required for graduates of private universities in Cyprus)
- Certificate of Clean Criminal Record (from Police Headquarters) – Original, not photocopy!
- Other (e.g. certificates of membership in professional bodies of EU Member States)

SOLEMN STATEMENT

I hereby confirm that I am a permanent resident of the Republic of Cyprus and have no criminal record and I further certify that all the information contained in this form is true and correct.

Full name: _____

Signature: _____ Date: _____

The completed application must be addressed to:
The Cyprus Registration Council of Speech-Language Pathologists,
P.O.Box 16138, 2086 Nicosia

** Upon approval of this application you will receive a letter requesting payment of the amount of **€51.26** for the issue of the **Registration Certificate** indicating the Register number.