

発行機関名 (Ministry of Health, Labour and Welfare など)

発行機関住所 (1-2-2, Kasumigaseki, Chiyoda-ku, Tokyo  
100-8916 Japan)

Certificate

Permanent Domicile: (本籍地)

Name : (氏名)

Date of Birth: (生年月日)

Date of Entry into the Registry of (職種名) : (日付)

Registration Number in the Registry of Physical Therapist's: (登録番号)

I hereby certify that the above person has never been condemned to the administrative punishment on the basis of the provision of the Japanese Law for (職種名), under any of the following categories:

- (1) One who has been condemned to a penalty heavier than a fine;
- (2) One who has committed a crime or a wrongful deed concerning medical affairs;
- (3) One who has behaved in such a way as detrimental to the dignity of the medical practitioner.

(発行年月日)

(発行者署名および法人印)

Name in type: (署名者氏名)

(署名者肩書)

(発行機関名)