Self-Declaration of Academic Degrees / Titles

MASTER OF FIRST LEVEL IN "NEUROMUSCULOSKELETAL PHYSIOTHERAPY AND EXERCISE THERAPY" 2025-26

to be sent to the academic secretary at **mastertv.npet@gmail.com**

PERSONAL DECLARATION OF CERTIFICATION

(art.46 of the Presidential Decree 28/12/2000 n.445 on Administrative Documentation)

THE UNDERSIGNED'S:

SURNAME_____

NAME_____

GENDER (F/M/Prefer not to say)_____

FISCAL CODE_____

BORN IN_____

DATE_____

CITY OF RESIDENCE _____

COUNTRY OF RESIDENCE_____

ADDRESS_____**N.**_____

POSTAL CODE_____

PHONE_____

Aware of the criminal penalties, in the case of false declarations, formation or use of false documents, referred to in art. 76 of the Presidential Decree 28/12/2000 n.445 on Administrative Documentation,

DECLARES

ACCESS TITLE			
Degree	**University**_____	**Year**_____	**GRADE**_____
Universitary certificate	**University**_____	**Year**_____	**GRADE**_____
For Italian Educational qualification EQUIPOLLENT	**Site**_____	**Year**_____	**GRADE**_____
For Italian Educational qualification EQUIVALENT	**Site**_____	**Year**_____	**GRADE**_____
Master of Science in "Rehabilitation Sciences of the Health Professions"	**University**_____	**Year**_____	**GRADE**_____
Research doctorate	**University**_____	**Year**_____	**GRADE**_____

ARTICLES PUBLISHED IN INDEXED JOURNALS - **CINAHL AND / OR PUBMED** (0.5 points for a maximum of 3 points)
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ARTICLE: _____
ARTICLE: _____
ARTICLE: _____ _____
ARTICLE: _____

Date _____

The Declarant
Full and legible signature

_____

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