

# WEST AFRICAN COLLEGE OF PHYSICIANS



(TWO)  
PASSPORT  
PHOTOGRAPHS

## APPLICATION FOR MEMBERSHIP and FELLOWSHIP EXAMINATIONS

FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Teller No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Approved By \_\_\_\_\_ Examination No. \_\_\_\_\_

Preferred Examination Centre: ( Accra), (Ibadan) and ( Abuja)

FACULTY: .....PART : ..... DATE OF EXAMINATION: .....

### GENERAL INFORMATION

1. SURNAME (in BLOCK letters) .....
2. OTHER NAMES: .....
3. MAIDEN NAME: (if any) .....
4. DATE OF BIRTH: ..... Sex: ..... Nationality: .....
5. ADDRESS: (to which Examination notice should be sent) .....  
.....  
.....
5. E-mail address: ..... Tel. No.....

#### Instructions and Notices

- a. This form, when fully completed, must be returned as early as possible but not later than the advertised closing date to the Secretary General, WACP, No. 8 Thorborn Avenue Sabo-Yaba, Lagos.-  
wacpexams@wac-physicians.org

#### FEEs

#### ALL EXAMINATIONS FEES ARE PAYABLE ELECTRONICALLY

#### EVIDENCE OF PAYMENT

Candidates applying for primary, membership and fellowship examinations should log on to [www.wac-physicians.org](http://www.wac-physicians.org) and follow the step by step procedure for online registration which could be printed as evidence of payment. **BANK DRAFTS AND TELLER ARE NO LONGER ACCEPTABLE FOR EXAMINATION APPLICATION.**

#### APPLICANTS NOT RESIDING IN NIGERIA:

- 1) **Ghana:** Should pay (in the name of West African College of Physicians) into GCB Bank (Korle-Bu Branch) Account No. 1131130009095. The PAY-IN-SLIP should be submitted to the College Office for a UNIQUE PAYMENT CODE which will be needed to complete the ONLINE REGISTRATION.
- 2) **Other Countries:** Should start application process online and pay in USD.

## SPECIFIC DETAILS

6. Faculty Examination for which candidate wishes to appear (Please Mark X in the appropriate Box)

	Faculties		Sub-Speciality (where applicable):
1.	COMMUNITY HEALTH		
2.	FAMILY MEDICINE		
3.	INTERNAL MEDICINE		
4.	LABORATORY MEDICINE		
5.	PAEDIATRICS		
6.	PSYCHIATRY		

7. Medical School Attended & Year of Graduation: .....

8. Institution(s) & Dates of Postgraduate Training (attach Certificate(s) of Training):

1. ....
2. ....
3. ....

9. Date of previous Fellowship Examinations passed: (attach photocopies of Certificates or Notice of Results)

Primary .....

Part I .....

10. Any previous attempt at this Examination ? Yes/No.

- If yes, list dates:
- |         |    |       |
|---------|----|-------|
| 1. .... | 3  | ..... |
| 2. .... | 4. | ..... |
| 5. .... | 6. | ..... |

11. Signature of Candidate (with date): .....

12. Name of Head of Department: .....

13. Signature of Head of Department (with date): .....

14. Preferred Examination Centre (Circle as appropriate) **Ibadan/Accra/Abuja**

## RECOMMENDATION

Recommendations by Two **Fellows** in good standing with the College at least **ONE** of whom must be a Fellow of the relevant Faculty:

A. I hereby certify that ..... is personally known to me and I consider him/her to be in every way suitable for admission into the Fellowship examination of the College.

.....	.....	.....
Name	Signature	Date

B. I hereby certify that ..... is personally known to me and I consider him/her to be in every way suitable for admission into the Fellowship examination of the College.

.....	.....	.....
Name	Signature	Date



FORM C

# WEST AFRICAN COLLEGE OF PHYSICIANS CERTIFICATE OF TRAINING

NAME: .....

PRESENT POSTAL ADDRESS: .....

FACULTY/SPECIALISATION ..... TRAINING..... INSTITUTION:.....

	Posting/Appointment	Date Commenced	Date Completed	Duration of Training	Name and Signature of Supervising Consultant (with dates)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I certify that the information given above is correct to the best of my knowledge.

.....  
**CANDIDATE**  
(Signature & Date)

.....  
**HEAD OF DEPARTMENT**  
(Signature, name, date and Official Stamp)

.....  
**DEPARTMENT OF TRAINING/MEDICAL DIRECTOR**  
(Signature, Name, Date and Official Stamp)

- NOTES:**
1. It is the duty of and responsibility of the candidate/trainee to acquaint himself/herself of the current rules on the type, duration and minimum number of rotations required before admission into any part of the Fellowship examinations in his/her speciality.
  2. Where candidate/trainee trains in more than one institution, a certificate of training must be obtained from each Institution.
  3. Photocopies of certificates previously submitted to the College may be appended to newly obtained certificate(s).