



# WEST AFRICAN COLLEGE OF PHYSICIANS

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## REQUIREMENTS FOR EXEMPTION FROM PRIMARY FELLOWSHIP EXAMINATION WITH MPH CERTIFICATE (*FACULTY OF COMMUNITY HEALTH ONLY*)

### **PLEASE DO NOT MAKE ANY PAYMENT UNTIL YOUR APPLICATION IS APPROVED**

- A signed e-application letter should be addressed to the Secretary-General. (including contact address, phone number and e-mail address, *P. O. Box not acceptable*).
- Copy of MPH transcript and photocopy of MPH result.
- Copy of certificate of registration of additional qualification (MPH) with the Medical & Dental Council of the resident Country of applicant.
  - Copy of certificate of full registration with the Medical & Dental Council of the resident Country of applicant.
  - Copy of current annual practicing license/receipt.
  - Copy of NYSC discharge certificate/certificate of exemption.
  - Copy of MBBS degree/MPH certificates.
  - Evidence of change of name (where applicable).

**Note** Please send your application letter and scanned documents through the following emails:  
[goodluckadmin@wac-physicians.org](mailto:goodluckadmin@wac-physicians.org), [ha@wac-physicians.org](mailto:ha@wac-physicians.org)