

WEST AFRICAN COLLEGE OF PHYSICIANS

8, Thorborn Avenue. Sabo-Yaba, Lagos. 6, Taylor Drive, Off Edmond Crescent, Yaba, Lagos.

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REQUIREMENTS FOR PROCESSING TRANSCRIPT/VERIFICATION OF CERTIFICATE

A formal request by the applicant addressed to the Secretary-General, West African College of Physicians.

Applicant must be in good financial standing (to find out your financial status call: (08170097700)

Payment of \$375 (N281,250.00k) processing fee to payable online via (College Payment) **Payment to bank is not acceptable.**

Note:

Transcripts are forwarded to Institutions only.

Please, contact the Examination Department via <u>cexamiantions@yahoo.com</u> after your application has been submitted for further enquiries on Courier Options.

In an event where an Institution makes a request for verification of Certificate of a Fellow/Member, such a person will be contacted by the College in respect of satisfying the requirements above.