

WEST AFRICAN COLLEGE OF PHYSICIANS

6, Taylor Drive, Off Edmond Crescent, Yaba, Lagos.
Office Annex: 8 THORBORN AVENUE, SABO, YABA, LAGOS
P. M. B. 1021, YABA, LAGOS
TEL:-+234 08094295385, 08176673531
Email: secgen@wac-physicians.org, ha@wac-physicians.org
www.wac-physicians.org



APPLICATION FOR REGISTRATION AS A SUB-SPECIALIST IN TRAINING

This form should be accompanied by the following:

- a. A Passport photograph.
- b. Copies of relevant certificates, i.e. MWACP RESULT, MBBS, NYSC, MDCN etc.
N177,100 or (\$385) **Pay online via College Website.** ((Please Payment to the bank or transfer is **NO LONGER** acceptable).

1. c. FULL NAME:.....
(Surname First)

2. DATE OF BIRTH:.....

3. CURRENT POSTAL ADDRESS: *P.O. Box not acceptable*).....

.....
Tel/Gsm *Email*.....

4. QUALIFICATIONS WITH DATES AND NAMES OF AWARDING INSTITUTIONS:
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.....
.....

5. DATE OF FULL REGISTRATION AS A MEDICAL PRACTITIONER:

.....

6. FACULTY/ SUBSPECIALTY:.....

7. APPOINTMENTS SINCE QUALIFICATION (Give Date):.....

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8. MWACP PASSED (Give Date):

9. CENTRE FOR SUBSPECIALTY TRAINING:.....

10. DATE STARTED SUBSPECIALTY TRAINING:.....

I certify that the above information is correct.

.....
NAME

.....
SIGNATURE & DATE

SECTION B:

(To be filled in by the Applicant's Head of Department)

I certify that the above information is correct.

.....
NAME

.....
SIGNATURE & DATE

SECTION C:

To be filled in by a Fellow of the West African College of Physicians (other than the Head of Department).

I certify that Dr.....
has the professional, ethical and moral standards required of a Fellow of the West African College of Physicians.

.....
NAME

.....
SIGNATURE & DATE