

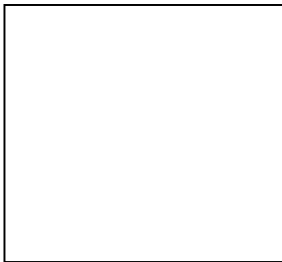


WEST AFRICAN COLLEGE OF PHYSICIANS

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APPLICATION FOR REGISTRATION AS A PHYSICIAN IN TRAINING

This form should be accompanied by the following:

- a. A passport photograph.
- b. Copies of relevant certificates, i.e., MBBS, NYSC, MDCN, Primary Result of WACP or NPMCN, etc.
- c. **Pay online via [College Website](#). (Please Payment to the bank or transfer is NO LONGER acceptable).**

1. *(Surname First)*
2. DATE OF BIRTH:.....NATIONALITY:.....
3. CURRENT ADDRESS *(P.O. Box not acceptable)*
(Where correspondences should be sent)
.....
Tel/Gsm *Email*.....
4. QUALIFICATIONS WITH DATES AND NAMES OF AWARDING INSTITUTIONS:
.....
.....
.....
5. DATE OF FULL REGISTRATION AS A MEDICAL PRACTITIONER:
.....

-
6. SPECIALTY/FACULTY:.....
7. APPOINTMENTS SINCE QUALIFICATION (Give Date):.....

8. POSTGRADUATE EXAMINATIONS PASSED (Give Date):.....

9. COMMENCEMENT DATE OF RESIDENCY PROGRAMME: (Give Date)

(Please provide evidence of Commencement of Training - that is: Certificate of Postings)
10. TRAINING INSTITUTION OF RESIDENCY :.....

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
 (Official Stamp)

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