



WEST AFRICAN COLLEGE OF PHYSICIANS

Office Annex: 8 THORBORN AVENUE, SABO, YABA, LAGOS

P. M. B. 1021, YABA, LAGOS

Email: secgen@wac-physicians.org ha@wac-physicians.org

www.wacpcoam.org

REQUIREMENTS FOR FELLOWSHIP REGISTRATION

- 1) Payment of Fellowship Fees (that is) Fellowship Admission, Fellowship Endowment
- 2) Payment of College Cap
- 3) Payment of PENALTY for not attending AGSM or provision Certificate of Attendance of AGSM
- 4) Photocopy of West African College of Physicians Fellowship result.
- 5) **Filled Form A document**

Pay online via [College Website](#). (Please Payment to the bank or transfer is NO LONGER acceptable).

FOR ONLY FELLOWSHIP DUES PLEASE

Fellowship annual dues (Please check your Chapter website for details)