



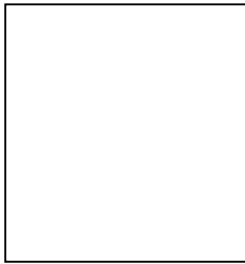
# WEST AFRICAN COLLEGE OF PHYSICIANS

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[www.wacpcoam.org](http://www.wacpcoam.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.  
**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 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. FACULTY/ SUBSPECIALTY:.....

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

.....  
.....  
.....

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