

WEST AFRICAN COLLEGE OF PHYSICIANS
APPLICATION FOR FELLOWSHIP EXAMINATION CONTROL FORM

TO ALL CANDIDATES (This document serves as a guide for filling the application form online)

NAME: FACULTY..... FELLOWSHIP

Kindly tick below all documents that you have UPLOADED on the apply online platform.

- ☐ Completed Application form (Membership and Fellowship Application form)
- ☐ Indicate Preferred Exam Centre: **(Abuja) (Accra) or (Ibadan)**, (Kindly note that change of examination venue after submission of application form will not be entertained)
- ☐ Fellowship fee **\$625 or ₦625,000 or GHC7,500.00** online payment
- ☐ Upload One recent passport size photograph
- ☐ Indicate address where courier will easily deliver your result letter
- ☐ Upload evidence of attendance of College Research Methodology
- ☐ Upload Logbook (Candidate to bring ORIGINAL to the EXAM HALL)
- ☐ **Send a mandatory signed E-Copy (Ms-Word) of the Dissertation, approved proposal and casebook stating faculty and name to: disertations@wacpcoam.org .**
- ☐ **Your email SUBJECT and attached documents to the above, should be stated and saved as: [Faculty SURNAME other name]. E.g {Paediatrics – Dr. JOHN Bello}.**
- ☐ Upload letter of Evidence of Registration as Fellow/Subspecialty in training.
- ☐ Upload Membership certificate (Not statement of result)
- ☐ Upload evidence of Membership fee
- ☐ Upload evidence of **Revision/Update** course certificate
- ☐ Evidence of Annual Dues yearly from time of passing membership examination
- ☐ Payment of Dissertation assessment fee **(\$125 or ₦125,000 or GHC1,500.00)**
- ☐ Upload a fully signed copy of Certificate of training
- ☐ Kindly upload your previous Success Letter as evidence of Passing one aspect of the others.

Your Tel: E-mail..... Signature.
Date.....

Dr. Ablo Prudence WACHINO, FWACP (Int. Med.) (signed)
Secretary-General, WACP

NB:

1. College shall bear no responsibilities for payment made into a wrong account other than College online payment Portal. **And no refund for nonattendance of examination.**
2. Closing date for submission of application form is **Friday 27th December, 2023 for February /March 2023 Examinations.** Late submission attracts a fine of **₦200,000.00/ \$200/ GHC 2,400** for one week. From 28th December 2023 to 3rd January 2024.
3. Examination Office email are hodexams@wacpcoam.org and wacpexams@wacpcoam.org
4. Kindly note that once disqualified for noncompliance after vetting, candidate is advised to re-apply for the next examination in **October 2024.**
5. No complaint shall be entertained in the examination hall.
6. **Deferment of examinations after application is no longer acceptable.**
7. Candidates are advised to upload **SCANNED ELECTRONIC COPIES OF THEIR SIGNED AND COMPLETED LOGBOOKS** to wacplogbook@gmail.com.
8. Candidates for Community Health (Membership) and Laboratory Medicine (Membership and Fellowship) must pay additional Practical fee of **₦85,000/\$85/ GHC1,020 which should be added** along with the examination fee otherwise their application forms will not be processed.
9. **College however, reserves the right to change your Exam Centre (Abuja/Accra/Enugu/Ibadan) for the Membership/Fellowship examinations for logistic reasons.**
10. **Physically challenged applicants are advised to apply to the Secretary General via email secgen@wacpcoam.org and wacpexams@wacpcoam.org, stating their disability for logistic purposes to be considered, along with their uploaded application form and supporting documents.**
11. Candidates for Accra center to pay (in the name of West African College of Physicians) into GCB Bank (Korle-Bu Branch) Account No. 1131130009095. The **PAY-IN-SLIP** should be submitted to the College Office for a **UNIQUE PAYMENT CODE** which will be needed to complete the ONLINE REGISTRATION.
12. **Other Countries:** Should start application process online and pay in USD.
13. Code of conduct including **dress code** for the candidates **shall be strictly enforced.**
All candidates must be **CORPORATELY DRESSED.**