

**WEST AFRICAN COLLEGE OF PHYSICIANS**  
**APPLICATION FOR MEMBERSHIP EXAMINATION CONTROL FORM**

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

**NAME: ..... FACULTY.....MEMBERSHIP.....**

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

- ☐ Completed form C (Properly filled and endorsed)
- ☐ Indicate Preferred CBT Exam Centre (**Accra**), (**Abuja**), (**Enugu**) or (**Ibadan**)(Pls. **Note:** Change of examination venue after submission of application form will not be entertained)
- ☐ **ENUGU CENTRE FOR CBT EXAMINATIONS ONLY**
- ☐ **Only Enugu CBT candidates should indicate their preferred clinical examination center at the time of registration. (Abuja) or (Ibadan) (But must note that the College can change your center for logistic reasons.**
- ☐ Membership fee **\$425 or ₦425,000 or GHC5,100.00** Online payment
- ☐ Upload One recent passport size photograph
- ☐ Upload your fully signed Certificate of training
- ☐ Indicate the address where courier will deliver your result letter on the platform
- ☐ Upload evidence of attendance of College revision/update and Ethics course. **NOT anticipated attendance or submission of certificates**
- ☐ Upload letter of Registration as a Physician in Training
- ☐ Candidates are expected to upload scanned electronic copies of their completed Logbooks to **wacplogbook@gmail.com**. (Candidate to bring ORIGINAL to the EXAM HALL)
- ☐ Upload evidence of having passed Primary Examination
- ☐ Upload evidence of Exemption from Primary Examination if applicable plus relevant Primary pass letter from the GCPS/NPMCN
- ☐ **Membership candidates who banked the CBT Exams previously, are expected to upload statement of result along with other application documents as evidence**
- ☐ **Send a mandatory signed E-Copy (Ms-Word) of scanned Membership logbook stating faculty and name to wacplogbook@gmail.com and autopsy book to autopsy@wacpcoam.org. Your email SUBJECT and attached documents, should be stated and saved as: [Faculty SURNAME other name. E.g Paediatrics – Dr. JOHN Bello].**

**Your Tel: .....**

**E-mail.....**

**Signature.....**

**Date.....**

**Dr. Ablo Prudence WACHINOU, 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 non-attendance of examination.**
2. Closing date for submission of application form is **Friday 27<sup>th</sup> December, 2023 for February/March 2023 Examinations.** Late submission attracts a fine of **₦200,000.00/ \$200/ GHC 2,400** for one week. From 28<sup>th</sup> to 3<sup>rd</sup> January 2024.
3. Examination Office emails are **[cexaminations@yahoo.com](mailto:cexaminations@yahoo.com)** and **[wacpexams@wacpcoam.org](mailto: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](mailto:wacplogbook@gmail.com)** and **AUTOPSY BOOKS (LAB. MED.)** to **[autopsy@wacpcoam.org](mailto:autopsy@wacpcoam.org)**.
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](mailto:secgen@wacpcoam.org) and [wacpexams@wacpcoam.org](mailto: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 the 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.**

