

**WEST AFRICAN COLLEGE OF PHYSICIANS**  
**APPLICATION FOR FELLOWSHIP EXAMINATIONS CONTROL FORM**  
**INTERNAL MEDICINE SUB-SPECIALTY**

**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 form C (Properly filled and endorsed)
- Indicate Preferred Exam Centre: **(Abuja), (Accra)** or **(Ibadan)**, (Pls. Note: Change of examination venue after submission of Application Form will not be entertained).
- Subspecialty Fee N375,000.00 or \$625
- Upload evidence of attendance of College Revision/Update Courses
- Upload One recent passport size photograph
- Indicate the address where courier will easily deliver your result letter
- Upload evidence of attendance of College Research Methodology
- Upload evidence of Registration as sub-specialist in training
- Upload evidence of your Revision/Update course certificate
- Upload original copy of your certificate of training
- Upload logbook (Candidate to bring ORIGINAL to the EXAM HALL)
- Send a mandatory E-Copy (MsWord) of the Dissertation, approved proposal and casebook stating faculty and name to **dissertations@wacpcoam.org**. Your email SUBJECT and attached documents should be stated and saved as Faculty – SURNAME other name. E.g Paediatrics – Dr. JOHN Bello.
- Upload Membership certificate (Not statement of result)
- Upload evidence of payment of Membership fee (N162,000 or \$270)
- Upload evidence of Annual Dues (N48,000 or \$80) yearly from time of passing membership examination
- Payment of Dissertation assessment fee (N75,000.00 or \$125)

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

**Dr. Albert Akpalu, 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 **Monday June 27th, 2022 for September/October 2022 Examinations. Late submission attracts a fine of N120,000.00 or \$200 for one week.**
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 **APRIL 2023**
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)
8. Candidates for Community Health (Membership) and Laboratory Medicine (Membership and Fellowship) must pay additional Practical fee of **N51,000 (\$85) 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/Ibadan) for the Membership/Fellowship examinations for logistic reasons.**
10. **Physically challenged applicants are advised to apply to the Secretary General stating their disability for logistic purposes to be considered along with the uploaded application form.**
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**.