



**WEST AFRICAN COLLEGE OF PHYSICIANS**  
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[www.wacpcoam.org](http://www.wacpcoam.org)

*Affix passport*

**APPLICATION FOR REGISTRATION AS A PHYSICIAN IN TRAINING**

**NOTE: All information should be filled in capital letters**

This form should be accompanied by the following: 1.

- a. Copies of relevant certificates, i.e. **MBBS, NYSC, MDCN, Primary result of WACP, NPMCN, GCPS, etc.**
- b. E-generated proof of payment (*All payment should be made through the College Website*).

2. FULL NAME.....  
(Surname First)

3. CURRENT ADDRESS (*P.O. Box not acceptable*) .....  
.....

4. TELEPHONE ..... EMAIL.....

5. RESIDENCY TRAINING INSTITUTION.....

6. FACULTY..... SPECIALTY .....

7. DATE OF COMMENCEMENT OF RESIDENCY TRAINING.....  
(*Please provide evidence of commencement of training: ie: certificate of postings*)

8. DATE OF FULL REGISTRATION AS A MEDICAL PRACTITIONER.....

9. DATE OF PASSING PRIMARY EXAMS: .....

**I certify that the above information is correct.**

.....  
**Full Name**

.....  
**Signature & Date**

**SECTION B:**

(*To be filled in by the Applicant's Head of Department*).

**I certify that the above information is correct.**

.....  
**Full Name**

.....  
**Signature & Date**  
**(Official Stamp)**

**SECTION C:**

(*To be filled in by a Fellow of the West African College of Physicians in good financial standing- other than the Head of Department*).

**I certify that the above information is correct.**

I certify that Dr..... has the professional, ethical, and moral standards required of a Fellow of the West African College of Physicians.

.....  
**Full Name**

.....  
**Signature & Date**