

WEST AFRICAN COLLEGE OF PHYSICIANS

Office Annex: 8 THORBORN AVENUE, SABO, YABA, LAGOS, P. M. B. 1021, YABA, LAGOS

Emails: goodluckadmin@wacpcoam.org

www.wacpcoam.org

A) REQUIREMENTS FOR REGISTRATION AS A SUB-SPECIALIST TRAINEE

- 1) Sub-specialist in Training fees
- 2) Photocopy of your receipt of payment for Membership
- 3) Photocopy of your receipt of payment for Membership annual dues
- 4) Photocopy of your receipt of payment for PENALTY for not attending AGSM or Certificate of attendance for the AGSM.
- 5) Photocopy of West African College of Physicians Membership result/Certificate.
- 6) Photocopy of NYSC discharge certificate/certificate of exemption (for only Nigerians).
- 7) Photocopy of MBBS degree certificate.
- 8) Evidence of change of name (where applicable).