



WEST AFRICAN COLLEGE OF PHYSICIANS

OFFICE ANNEX: 8 THORBORN AVENUE, SABO, YABA, LAGOS, P. M. B. 1021, YABA, LAGOS

www.wacpcoam.org

REQUIREMENTS FOR EXEMPTION FROM PRIMARY FELLOWSHIP EXAMINATION WITH MPH CERTIFICATE (*FACULTY OF COMMUNITY HEALTH ONLY*)

PLEASE DO NOT MAKE ANY PAYMENT UNTIL YOUR APPLICATION IS APPROVED

- A signed e-application letter should be addressed to the Secretary-General. (including contact address, phone number and e-mail address, *P. O. Box not acceptable*).
- Copy of MPH transcript and photocopy of MPH result.
- Copy of certificate of registration of additional qualification (MPH) with the Medical & Dental Council of the resident Country of applicant.
 - Copy of certificate of full registration with the Medical & Dental Council of the resident Country of applicant.
 - Copy of current annual practicing license/receipt.
 - Copy of NYSC discharge certificate/certificate of exemption.
 - Copy of MBBS degree/MPH certificates.
 - Evidence of change of name (where applicable).

Note Please send your application letter and scanned documents through this email:

Emails: generaladmin@wacpcoam.org