



**WEST AFRICAN COLLEGE OF PHYSICIANS**  
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Affix  
passport

APPLICATION FOR REGISTRATION AS A FELLOW/SUB-SPECIALIST 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. MWACP RESULT/CERTIFICATE, MBBS, NYSC, MDCN 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. PHYSICIAN IN TRAINING NUMBER.....
- 6. DATE OF PASSING MEMBERSHIP.....
- 7. INSTITUTION FOR FELLOWSHIP/SUBSPECIALTY TRAINING.....
- 8. DATE OF COMMENCEMENT OF FELLOWSHIP/SUBSPECIALTY TRAINING.....
- 9. FACULTY..... SPECIALTY .....

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

.....  
Full Name

.....  
Signature & Date

**SECTION B:**

(To be filled 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 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