



WEST AFRICAN COLLEGE OF PHYSICIANS

8, THORBORN AVENUE, SABO- YABA, LAGOS, NIGERIA

WACP FELLOWSHIP TRANSCRIPT/ VERIFICATION REQUIREMENTS FOR EASE OF VERIFICATION PROCESSING.

1. VERIFICATION FEE \$375 or its equivalent in Naira (Pay online at the College Website)
2. Evidence of Payment of FELLOWSHIP FEE which includes (a) Fellowship Admission fee of \$100 or It's Naira equivalent. (b) Fellowship Endowment fee of \$50 or it's Naira equivalent.
3. Evidence of AGSM attendance or Penalty for non- attendance (\$200 or its equivalent in Naira) (Pay online at the College Website)
4. Evidence of Fellowship annual dues up to date (Paid to your chapter) (www.wacpng.org for Nigerians)
5. Evidence of Payment of building Levy (At least two Installments of \$200 each)
6. Copy of your Fellowship Result letter & Certificate.
7. A Clear instruction letter from you to the College on the address and official email of the institution or body, where the transcript will be sent to and attach evidence of all the payments listed above and send to wacpexams@wacpcoam.org

Kindly note that the College website is www.wacpcoam.org . Feel free to reach out incase you need further information or clarification.

Thank you.

IGUOMU Onyinye Favor

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