



## WEST AFRICAN COLLEGE OF PHYSICIANS

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

### WACP MEMBERSHIP 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 MEMBERSHIP FEE \$270 or its equivalent in Naira (Pay online at the College Website)
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 Membership annual dues up to date (Paid to your chapter) ([www. wacpng.org](http://www.wacpng.org) for Nigerians)
5. Evidence of Payment of building Levy (At least One Installment of \$200)
6. Copy of Membership 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](mailto:wacpexams@wacpcoam.org)

Kindly note that the College website is [www.wacpcoam.org](http://www.wacpcoam.org) Feel free to reach out incase you need further information or clarification.

Thank you.

**IGUOMU Onyinye Favor**

**SENIOR EXECUTIVE OFFICER (Exams/Trainings)**

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