

NAME:
(Surname First)
NOM PRENOMS:

SEX:
Sexe:

FACULTY:
FACULTE:

Affix passport
Photograph

**WEST AFRICAN COLLEGE OF PHYSICIANS
COLLEGE OUEST AFRICAIN DES MEDECINS**

**APPLICATION FOR FELLOWSHIP
DEMANDE D'ADHESION AU COLLEGE**

2.....

**ALL APPLICATION FROMS SHOULD BE ADDRESSED
TOUTES LES DEMANDES SONT Á RENVOYER**

TO

Á

**THE SECRETARY GENERAL,
WEST AFRICAN COLLEGE OF PHYSICIANS
6, Taylor Drive, Edmond Crescent,
Yaba, Lagos, Nigeria.**

**GENERAL INSTRUCTIONS
INSTRUCTIONS GENERALES**

1. Give your name in full with surname first.

Donnez votre nom suivi de vos pré-noms, en toutes lettres

2. Complete all sections.

Remplissez toutes les sections.

3. Both sponsors must be fellows of the College. Each sponsor must complete the recommendation letter and it must be sent directly under separate cover to Secretary-

General. It is the responsibility of the applicant to ensure that the recommendation letters are forwarded to the Secretary-General before the closing date. Application forms and the recommendation letters received after the closing date will not be considered for that year.

Les deux parrains doivent être des membres du collège. Chacun d'eux doit remplir la fiche de recommandation et la renvoyer directement au Secrétaire Général sous un pli séparé. Le candidat doit s'assurer que les fiches de recommandation sont renvoyées au Secrétaire Général avant la date de clôture de dépôt de candidature. Les demandes de candidatures ainsi que les fiches de recommandation reçues après cette date ne seront pas examinées en vue de l'année en question.

4. The closing date for all application is **JUNE 30** each year.

La date de clôture de dépôt de toute candidature est le 30 juin chaque année.

5. Application forms must be accompanied by Photostat copies of your certificates. Such certificates should be listed under item (ix).

Le candidat doit joindre à sa fiche de demande les photocopies de ses diplômes et ces derniers doivent être inventoriés sous la rubrique ix.

6. The faculties of the College are:

Les facultés du collège sont les suivantes:

- (i) Faculty of Community Health
Faculté – médecin pour des soins de la santé communautaire
- (ii) Faculty of Family Medicine
Faculté de médecin pour des soins de la famille
- (iii) Faculty of Internal Medicine

Faculté d' médecin d' haenprhage

- (iv) Faculty of Laboratory Medicine
Faculté d' médecin pour des soins laboratories
 - (v) Faculty of Paediatrics
Faculté médecin pour des soins pediatriques
 - (vi) Faculty of Psychiatry
Faculte médecin pour des soins psychiatrie
- (7) All applications should be accompanied by a non-refundable fee of Fifty US Dollar or its equivalent.

Le candfidat doit joindre à sa demande un droit non remboursable de Cinquante dollars US ou équivalent.

CURRICULUM VITAE

1. PERSONAL INFORMATION

ETAT CIVIL

1. NAME (Surname First): _____
Nom et Prenoms:

2. PREVIOUS NAME: _____
Nom Precedent:

3. SEX _____
Sexe

4. DATE OF BIRTH: _____
Date de Naissance:

5. ADDRESS: _____
Adresse: _____

TELEPHONE:- OFFICE: _____
Téléphone: - Bureau: _____

HOME: _____
Domicile: _____

E-mail: _____

11 QUALIFICATIONS:

Tires:

A. BASIC MEDICAL QUALIFICATIONS

Tires bases en Médecine

	DEGREE	YEAR	INSTITUTION
	Diplôme	Année	Etablissement
(1)	_____	_____	_____
	_____	_____	_____

B. PROFESSIONAL/SPECIALIST QUALIFICATION & DIPLOMAS:

Diplômes et titres professionnels et de spécialiste

	DEGREE	YEAR	INSTITUTION
	Diplôme	Année	Etablissement
(1)	_____	_____	_____
(2)	_____	_____	_____

(3) _____

(4) _____

C. DATES OF PREVIOUS ATTEMPTS OF WACP EXAMINATION
Dates de coup d'essai precedents d'examination de WACP

III. PROFESSIONAL TRAINING PROGRAMME:
Programme de Formation Professionnelle:

	DATES	POSITION Poste	INSTITUTION Etablissement
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

IV. POSITIONS HELD AFTER PROFESSIONAL QUALIFICATION:
Fonctions exercees depuis la fin de la formation professionnelle:

	POST Poste	INSTITUTION Etablissement	DATES Dates
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

V. PRESENT APPOINTMENT(S)
Emploi(s) Actuel(s)

	POST Poste	INSTITUTION Etablissement	DATES Dates
(1)	_____	_____	_____

(2) _____

(3) _____

**VI. PROFESSIONAL REGISTRATION:
Enregistrement Professionnel:**

A. YEAR OF REGISTRATION:
Date d'Enregistrement: _____

B. COUNTRY OF REGISTRATION:
Pays d'Enregistrement: _____

C. REGISTRATION NUMBER:
Numero d'Enregistrement: _____

**VII. HAS YOUR NAME EVER BEEN REMOVED FROM ANY
PROFESSIONAL REGISTER OF ANY COUNTRY?**

Avez-vous ete raye d'un registre professionnel d'un pays quelconque?

YES _____

Oui

NO _____

Non

IF THE ANSWER TO ABOVE QUESTION IS YES

Si vous repondez dans l'affirmatif

(i) WHEN WAS YOUR NAME REMOVED?
Quand est-ce que vous avez ete raye? _____

(ii) COUNTRY
Pays _____

COMMENT
Remarques _____

**VIII. HONOURS, DISTINCTIONS & MEMBERSHIP OF OTHER
PROFESSIONAL SOCIETIES.**

**Tires Honorifiques, Distinctions, et autres Associations professionnelles
don't le Candidates est member:**

(1) _____

(2) _____

- (3) _____
- (4) _____
- (5) _____
- (6) _____

IX. LIST OF DOCUMENTS ENCLOSED.
Liste des pieces jointes

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

X. SPONSORS: (TWO FELLOWS OF THE COLLEGE SHOULD SEND TO THE SECRETARY-GENERAL THEIR RECOMMENDATIONS)
Parrains: (Deux members du College)

	NAME /POST Nom/poste	ADDRESS Adresse
(1)	_____	_____

(2)	_____	_____

IF ELECTED A FELLOW, I AGREE TO OBSERVE ALL THE RULES OF THE COLLEGE.

Si je admis, je suis prêt a observer toutes les regles du College.

DATE

SIGNATURE OF APPLICANT

Signature du Candidat

**CERTIFICATION BY PROFESSIONAL HEAD OF THE
DEPARTMENT / INSTITUTION:**
Certification par le chef du department

A. I hereby certify that the above particulars in respect of:
Des informations cites ce – dessous sont corrects.
..... are correct.

FULL NAME:.....

QUALIFICATIONS:.....

SIGNATURE:.....

Signature

DATE:.....

OFFICAL STAMP:

B. RECOMMENDATION BY NATIONAL EXECUTIVE COMMITTEE:

.....
.....
.....

DATE _____

Recommandation du Comite national executif:

FULL FELLOW
Membre a plein droit

REJECTED
Candidature non retenue

(REASON FOR REJECTION)
(Raison pour la non retention de la Candidature)

(a) Signature:.....

Name (nom):.....

Date:.....

NATIONAL SECRETARY (secretaire national)

(b) Signature:.....

Name (nom):.....

Date:.....

NATIONAL VICE PRESIDENT

(c) Signature:.....

Name (nom):.....

Date:.....

RECOMMENDATION BY FACULTY COMMITTEE:

Recommandation par le comite de la faculte:

.....
.....
.....
.....
.....

Signature:.....

Name (nom):.....

Date:.....

SECRETARY TO FACULTY COMMITTEE
Secretaire ampres du comite de le faculte

C. APPROVAL OF COUNCIL:

Approbation de Conseil:

FULL FELLOW

Membre a plein droit _____

REJECTED

Candidature non retenue _____

DATE _____

Requirements for Election to the Fellowship

Eligibility

In order to be eligible for election to the Fellowship of the college without examination, the individual inter alia,

(a) shall have been a registered medical practitioner for at least 20 years;

(b) shall possess an equivalent registerable postgraduate professional qualification in a specialty within the Faculty into which election is been sought.

(c) shall have at least 12 years working experience in the said specialty, exclusive of any period of formal training, and possess evidence of continuing medical education and show interest in the affairs of the College.

(d) shall have worked at least two years in the West African sub-region after obtaining the relevant post-graduate qualification.

(e) must have satisfied Council that he has the professional, ethical and moral standard required of Fellows.

Procedure:

(a) Application forms may be obtained from the Secretary-General or the National Secretary of the Chapter of the College in the applicant's Country of residence.

(b) Two completed application forms shall be returned to the National Secretary together with two recent passport photographs of the applicant

as well as two photocopies of each of the applicant's certificates or diplomas and his/her National Medical Council or registering authority.

(c) The applicant shall be supported by reports from two referees who shall be Fellows of the College in good financial standing and at least one of whom must belong to the Faculty to which the applicant is seeking admission. Referees should be requested to forward their recommendations directly to the National Secretary under confidential cover.

(d) The Executive Committee of National Chapter shall consider each applicant and make appropriate recommendations to the respective Faculty Board.

(e) The Faculty Board shall then consider the application together with the recommendations of the National Chapter. The papers of the candidates who are recommended by Faculty Board shall be forwarded to Council through the Finance and General Purposes Committee for approval.

(f) Ratification of Council's approval shall be sought at the Annual General Meeting of the College.

(g) Completed application forms should normally reach the National Secretary by April in order that they may be processed and considered by the College in the subsequent November.