



# WEST AFRICAN COLLEGE OF PHYSICIANS

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## REQUIREMENTS FOR APPLICATION FOR EXEMPTION FROM PRIMARY FELLOWSHIP EXAMINATION

**PLEASE DO NOT MAKE ANY PAYMENT UNTIL YOUR APPLICATION IS APPROVED. THIS INFORMATION IS ONLY FOR EXEMPTION WITH (MPH CERTIFICATE).**

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

1. Application letter, addressed to the Secretary-General.  
(including: contact address, phone number and e-mail address, *P. O. Box not acceptable*)
2. **Original copy of MPH transcript and photocopy of MPH result.**
3. Photocopy of certificate of registration of additional qualification (MPH) with the Medical & Dental Council of the resident Country of applicant.
4. Photocopy of certificate of full registration with the Medical & Dental Council of the resident Country of applicant.
5. Photocopy of current annual practicing license/receipt.
6. Photocopy of NYSC discharge certificate/certificate of exemption (for Nigerians)
7. Photocopy of MBBS degree/MPH certificates.
8. Evidence of change of name (where applicable).