

**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 BY PROGRESSION**

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, Off Edmond Crescent,  
Yaba, Lagos, Nigeria.  
234 01 8737092-3  
[www.wac-physicians.org](http://www.wac-physicians.org)**

**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 One Hundred US Dollars or its equivalent.

Le candfidat doit joindre à sa demande un droit non remboursable de Cent 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**

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**III. PROFESSIONAL TRAINING PROGRAMME:**  
**Programme de Formation Professionnelle:**

|     | DATES | POSITION<br>Poste | INSTITUTION<br>Etablissement |
|-----|-------|-------------------|------------------------------|
| (1) | _____ | _____             | _____                        |
| (2) | _____ | _____             | _____                        |
| (3) | _____ | _____             | _____                        |
| (4) | _____ | _____             | _____                        |
| (5) | _____ | _____             | _____                        |

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

|     | POST<br>Poste | INSTITUTION<br>Etablissement | DATES<br>Dates |
|-----|---------------|------------------------------|----------------|
| (1) | _____         | _____                        | _____          |
| (2) | _____         | _____                        | _____          |
| (3) | _____         | _____                        | _____          |
| (4) | _____         | _____                        | _____          |
| (5) | _____         | _____                        | _____          |

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

|     | POST<br>Poste | INSTITUTION<br>Etablissement | DATES<br>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<br>Nom/poste | ADDRESS<br>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)**

**Signature:.....**

**Name (nom ):.....**

**Date:.....**

**NATIONAL SECRETARY (secretaire national )**

**(a) Signature:.....**

**Name (nom ):.....**

**Date:.....**

**NATIONAL VICE PRESIDENT**

**(b) 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** \_\_\_\_\_

**HARMONISATION OF PROGRESSION FROM MEMBERSHIP TO FELLOWSHIP**

**Council approved criteria for Progression from Membership to Fellowship of the West African College of Physicians:**

- 1. Duration of Membership of Eight (8) years.**
- 2. Evidence of CME of Four (4) updates with certification or (2 updates and 2 AGSMs for Paediatrics and Psychiatry).**
- 3. Attendance at AGSM: 2 AGSMs.**
- 4. Publications: 3 publications in indexed journals**
- 5. Support of Fellows: 2 Fellows in good standing.**