

WEST AFRICAN COLLEGE OF PHYSICIANS
APPLICATION FOR FELLOWSHIP EXAMINATIONS
DOCUMENTS INCLUDED CONTROL FORM

TO ALL CANDIDATES (To be filled and submitted along with application form)

NAME:..... FACULTY..... FELLOWSHIP

Kindly tick below all documents that you have included in the application package and return with your application form.

- Completed form (Properly filled and endorsed)
- Indicate Preferred Exam Centre (**Accra.**) or (**Ibadan**), (Kindly note that change of examination venue after submission of Application Form will not be entertained)
- Duplicate copy of GTB, Exam Payment Teller, into Account number **0028724798** in the name of “West African College of Physicians”.
- Fellowship fee = N250,000.00 or \$625. Subspecialty Fee = \$825 or N330,000.00
- Sub specialty Training Fee = \$385 or N154,000.00 (to be paid during training or before applying for application for examination) GTB account number **0028724808**
- Two recent passport size photographs
- Three self-addressed stamped envelopes
- Evidence of attendance of College Research Methodology
- Evidence of Registration as sub-specialist
- Photocopy of Log Book (Candidate to bring ORIGINAL to the EXAM HALL)
- Letter of Registration as Physician in Training
- Evidence of having passed Membership Examination
- Evidence of Membership fee (N108,000) on a separate
- GTB Teller A/c No 0028724808.... or \$270)
- Evidence of Annual Dues (N32,000), or \$80 yearly from time of passing membership examination on separate GTB Teller A/c no. .0000528491..)
- Evidence of payment of non attendance of AGSM (N80,000.00 or \$200 into GTB account Number 0028724808
- Payment of N50,000 or \$125 (Dissertation assessment fee) in the name of West African College of Physicians. (Separate GTB Teller A/C No. 0028724798
- Your Tel:..... E-mail..... Signature. Date.....**

Dr. Clement Ezechukwu, FWACP (Paed) (signed)
Secretary-General, WACP

NB:

1. College shall bear no responsibilities for payment made into a wrong account other than payment made into GTB Exam Payment Account Number **0028724798**, Account name is; **West African College of Physicians. No refund for non attendance shall be entertained.**
2. Closing date for submission of application form is **Friday, 30th June 2017**. Late submission attracts a fine of N80,000 for one week and N160,000, thereafter for the second week
3. Examination Office email is **cexaminations@yahoo.com**

4. Kindly note that once disqualified for non compliance after vetting, candidate is advised to re-apply for the next examination in **APRIL 2018**
5. No complaint shall be entertained in the examination hall
6. **Deferment of examinations after application is no longer acceptable.**
7. The College shall bear no responsibilities for wrongly addressed payments into other accounts. No refund will be entertained for non attendance
8. Candidates are advised to send application form through reliable courier service or by hand delivery.
9. Candidates for Community Health (Membership) and Laboratory Medicine Membership and Fellowship **Must** pay additional Practical fee of N34,000.00) along with the examination fee otherwise their application forms will not be processed. (GTB account number **0028724798**
10. Candidates for the Accra centre should pay through Western Union or Monygram Transfer and call Mr. Okletey on +233275091659 or Mr. Vincent on +233246153624

