

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

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

NAME:..... FACULTY.....MEMBERSHIP.....

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

- Completed form (Properly filled and endorsed)
- Indicate Preferred Exam Centre (**Accra.**), (**Ibadan**) (Pls. Note: 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”**.
- Membership- N170,000.00 (or .\$425)
- Physician in Training fee is N76,000.00 or \$190
- Two recent passport size photographs
- Three self-addressed stamped envelopes
- Evidence of attendance of College revision/update and Ethics course. **NOT anticipated attendance or submission of certificates**
- Letter of Registration as Physician in Training
- Photocopy of Log Book (Candidate to bring ORIGINAL to the EXAM HALL)
- Evidence of Exemption from Primary Examination.
- Copies of two Autopsy Log Books (Lab.Med. only)
- Evidence of having passed Primary Examination
- 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, June 30th 2017**. Late submission attracts a fine of N80,000 or \$200 for one week and N160,000 or \$400, 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 absenteeism
8. Candidates are advised to send application form through reliable courier service and not by ordinary postage. It may be by hand delivery.
9. Candidates for Community Health (Membership) and Laboratory Medicine Membership and Fellowship **Must** pay additional Practical fee of **N34,000.00 or \$85** 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 Moneygram Transfer and call Mr. Oklety on +233275091659 and Mr. Vincent on +233246153624
11. Candidates are expected to submit original copy of certificate of training.

