



WEST AFRICAN COLLEGE OF PHYSICIANS
APPLICATION FOR ADMISSION TO
PRIMARY FELLOWSHIP EXAMINATIONS

CERTIFICATION

1. Surname: (*Block Capitals*)
2. Other names: (*Block Capitals*).....
3. Maiden Name: (*If any*)
4. E-mail address:.....
5. Telephone No.

FOR THE CANDIDATE'S CURRENT HEAD OF DEPARTMENT or SUPERVISING CONSULTANT

I certify that the candidate has satisfactorily worked in my Department/Unit

from to

Signature:..... Date:

Qualifications:

Full Name:

Address:

.....