



WEST AFRICAN COLLEGE OF PHYSICIANS

6, Taylor Drive, Off Edmond Crescent, Yaba, Lagos.

Website: www.wac-physicians.org

TEL:--+234 08176673531 - 2

A) REQUIREMENTS FOR REGISTRATION AS A SUB-SPECIALIST TRAINEE

Download the Sub-specialist in Training form, from the College website and fill it accordingly.
(including: contact address, phone number and e-mail address, *P. O. Box/P.M.B not acceptable*)

- 1) Sub-specialist in Training fees is (N146,300) or (\$385)
- 2) Photocopy of your receipt of payment for Membership (\$270 or N102,600)
- 3) Photocopy of your receipt of payment for Membership annual dues(\$80 or N30,400)
- 4) Photocopy of your receipt of payment for PENALTY for not attending AGSM or Certificate of Attendance for the AGSM. (\$200 or N76,000)
- 5) Photocopy of West African College of Physicians Membership result.
- 6) Photocopy of NYSC discharge certificate/certificate of exemption (for only Nigerians).
- 7) Photocopy of MBBS degree certificate.
- 8) Evidence of change of name (where applicable).

College (WACP) Bank Details:

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|----|----------------|------------------------------------|
| a) | Account Name | West African College of Physicians |
| b) | Account Number | 0028724808 |
| c) | Name of Bank | Guarantee Trust Bank PLC |

Nigeria Chapter (WACP) Bank Details for (ONLY ANNUAL DUES)

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| a) | Account Name | West African College of Physicians |
| b) | Account Number | 0000528491 |
| c) | Name of Bank | Guarantee Trust Bank PLC |

NOTE:

Payment of CASH is no longer allowed at the College. Pay into the College account, attach the bank teller to the application and send to the College.