

**WEST AFRICAN COLLEGE OF PHYSICIANS  
APPLICATION FOR FELLOWSHIP EXAMINATIONS  
DOCUMENTS INCLUDED CONTROL FORM  
INTERNAL MEDICINE SUB-SPECIALTY**

**TO ALL CANDIDATES (This document serves as a guide for filling the application form online)**

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

Kindly tick below all documents that you have **UPLOADED** on the apply online platform.

- Completed form C (Properly filled and endorsed)
- Indicate Preferred Exam Centre: **(Abuja), (Accra) or (Ibadan)**, (Pls. Note: Change of examination venue after submission of Application Form will not be entertained).
- Subspecialty Fee N379,500.00 or \$825
- Upload evidence of attendance of College Revision/Update Courses
- Upload One recent passport size photograph
- Indicate the address where courier will easily deliver your result letter
- Upload evidence of attendance of College Research Methodology
- Upload evidence of Registration as sub-specialist in training
- Upload evidence of your Revision/Update course certificate
- Upload original copy of your certificate of training
- Photocopy of Log Book, to be sent through reliable courier service to the College Secretariat (Candidate to bring ORIGINAL to the EXAM HALL)
- Send **Hard copies of Dissertations, Case books, approved proposals and RE-WRITEABLE electronic copies through reliable courier service to the College Secretariat**
- Send a mandatory E-Copy (MsWord) of the Dissertation, approved proposal and casebook stating faculty and name to **dissertations@wac-physicians.org**. Your email SUBJECT and attached documents should be stated and saved as Faculty – SURNAME other name. E.g Paediatrics – Dr. JOHN Bello.
- Upload evidence of having passed Membership Examination
- Upload evidence of payment of Membership fee (N124,200 or \$270)
- Upload evidence of Annual Dues (N30,400) yearly from time of passing membership examination
- Upload evidence of payment of nonattendance of AGSM (N92,000.00 or \$200)
- Payment of Dissertation assessment fee (N57,500.00 or \$125)

**Your Tel:** ..... **E-mail**..... **Signature.** ..... **Date**.....

**Dr. Albert Akpalu, FWACP (Int. Med.) (signed)**  
**Secretary-General, WACP**

**NB:**

1. College shall bear no responsibilities for payment made into a wrong account other than College online payment Portal. **And no refund for nonattendance of examination**
2. Closing date for submission of application form is **Monday July 27th, 2020 for October 2020 Examinations**. Late submission attracts a fine of N92,000.00 or \$200 for one week
3. Examination Office emails are **cexaminations@yahoo.com** and **wacpexams@wac-physicians.org**
4. Kindly note that once disqualified for noncompliance after vetting, candidate is advised to re-apply for the next examination in **APRIL 2021**
5. No complaint shall be entertained in the examination hall
6. **Deferment of examinations after application is no longer acceptable.**
7. Candidates are advised to send LOGBOOK through reliable courier services and not by ordinary postage.
8. Candidates for Community Health (Membership) and Laboratory Medicine (Membership and Fellowship) must pay additional Practical fee of **N39,100.00 which should be added** along with the examination fee otherwise their application forms will not be processed.
9. **College however, reserves the right to change your Exam Centre (Ibadan/Abuja/Accra) for the Membership/Fellowship examination dependent on logistics.**
10. Candidates for Accra centre to pay (in the name of West African College of Physicians) into GCB Bank (Korle-Bu Branch) Account No. 1131130009095. The **PAY-IN-SLIP** should be submitted to the College Office for a **UNIQUE PAYMENT CODE** which will be needed to complete the ONLINE REGISTRATION.
11. **Other Countries:** Should start application process online and pay in USD.
12. Code of conduct including **dress code** for the candidates **shall be strictly enforced**. All candidates must be **CORPORATELY DRESSED**.