

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

***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 this with your application form back to the College.

- Completed form (Properly filled and endorsed)
- Indicate Preferred Exam Centre (**Accra.**), or (**Ibadan**), (Pls. Note: Change of examination venue after submission of Application Form will not be entertained)
- Duplicate copy of GTB, Exam Online Payment Teller, into Account number **0028724798 in the name of "West African College of Physicians"**.
- Fellowship N250,000.00 or \$625
- Subspecialty Fee N330,000 or \$825
- Sub specialty Training Fee = \$385 or N154,000.00 (To be paid during training or before applying for examinations application) GTB account number 0028724808
- Evidence of attendance of College Revision/Update Courses
- 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)
- Evidence of having passed Membership Examination
- Evidence of payment of Membership fee (N108,000 or \$270) on separate GTB Teller A/C No. 0028724808)
- 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:**

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.**

1. 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
2. Examination Office email is **cexaminations@yahoo.com**
3. Kindly note that once disqualified for non compliance after vetting, candidate is advised to re-apply for the next examination in **APRIL 2018**.
4. 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
8. Candidates are advised to send application form through reliable courier service and if possible 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 Moneygram Transfer and call Mr. Okleley on +233275091659 and Mr. Vincent on +233246153624.

