

GHANA COLLEGE OF PHYSICIANS AND SURGEONS



AFFIX
PASSPORT
PICTURE
HERE

APPLICATION FOR FELLOWSHIP EXAMINATIONS

Instructions and notices

- a. This form, when fully completed, must be returned to the **RECTOR, GHANA COLLEGE OF PHYSICIANS AND SURGEONS** as early as possible, but **not later than the advertised closing date.**
- b. The application must be accompanied by a pay in slip from any branch of Ecobank. Monies must be paid into the following account:

Bank Name: Ecobank Ghana Ltd.
Branch: Ridge
Account Name: Ghana College of Physicians and Surgeons Donor Pool Fund
Account Number: 0010 1344 0464 8401.
- c. Certificate of Training, Logbook(s), one stamped self addressed envelope and one passport sized picture must be attached to this application. A copy of Membership certificate, current retention of MDC or evidence of payment for the retention must be attached.
- d. Application for deferment or withdrawal will **NOT** be considered if received **later than six (6) weeks before the date of the examination.** Deferment after submission of application is no longer acceptable.

FACULTY: SUB-SPECIALTY

DATE OF EXAMINATION:

For Office Use Only

DATE RECEIVED:..... AMOUNT PAID:.....

RECEIPT NO. :..... EXAMINATION NO.:.....

GENERAL INFORMATION

1. **SURNAME** (Block Letters):
2. **OTHER NAMES:**
3. **MAIDEN NAME** (where applicable):.....
4. **POSTAL ADDRESS:**
.....
5. **DATE OF BIRTH:** **SEX:** **NATIONALITY:**
6. **E-MAIL ADDRESS:** **TEL. NO. :**
7. **CURRENT STATION:**.....

8.

Qualification(s)	Year Obtained	Awarding Institution

9. Date of commencement of the Ghana College of Physicians and Surgeons Fellowship training programme
- a) Faculty:..... Training centre posted to:
- b) Other training centre(s) with dates (attach certificate(s) of training):
- c)
- d)
- e)

10. Log Book submitted on Dissertation submitted on
11. Dissertation Topic:
.....

11. Any previous attempt(s) at this examination: Yes / No

- If 'yes' above, please list dates: 1.....
2.....
3.....

12. Signature of candidate.....Date.....

13. Name and signature of Mentor:

Date.....

14. Name and signature of Head of Department.....

Date.....



GHANA COLLEGE OF PHYSICIANS AND SURGEONS

CERTIFICATE OF TRAINING

Name and present postal address:.....

.....

Faculty/Specialization:.....Training Institution:.....

	Posting/Appointment/Rotation	Date commenced	Date completed	Duration of training	Name & signature of supervising consultant	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						



GHANA COLLEGE OF PHYSICIANS AND SURGEONS

CERTIFICATE OF TRAINING

Name and present postal address:.....

.....

Faculty/Specialization:..... Training Institution:.....

	Posting/Appointment/Rotation	Date commenced	Date completed	Duration of training	Name & signature of supervising consultant	Remarks
13.						
14.						
15.						

I certify that the information given above is correct to the best of my knowledge

.....

.....

.....

.....

.....

.....

CANDIDATE
(Name, Signature & Date)

**HEAD OF DEPARTMENT OF
TRAINING INSTITUTION**
(Name, Signature & Date)

MEDICAL DIRECTOR OF TRAINING INSTITUTION
(Name, Signature, Date & Official Stamp)

- NOTES:**
1. It is the duty and responsibility of the candidate/trainee to acquaint himself/herself with the current rules on the type, duration and minimum number of rotations required before admission into any part of the Fellowship examinations in his/her specialty.
 2. Where candidate/trainee trains in more than one institution, a certificate of training must be obtained from each institution.
 3. Photocopies of certificates previously submitted to the College may be appended to newly obtained certificate(s).