

GHANA COLLEGE OF PHYSICIANS AND SURGEONS



AFFIX
PASSPORT
PICTURE
HERE

APPLICATION - MEMBERSHIP EXAMINATIONS

FOR OFFICE USE ONLY

DATE RECEIVED:.....	AMOUNT PAID:.....
RECEIPT NO. :	EXAMINATION NO.:.....

FACULTY:

DATE OF EXAMINATION:

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:.....

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: Ecobank, Ridge Branch, Ghana College of Physicians and Surgeons Donor Pool Fund, Account number **0010 1344 04648401.**

- 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 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**. A 25% administrative surcharge is chargeable for all refunds and deferment.
- e. Examination scripts are the property of the College and shall normally be destroyed **two (2) years** after the examination.

SPECIFIC DETAILS

8. Constituent College and Faculty to which application is being made. (Mark X in the appropriate box)

Ghana College Physicians

Internal Medicine
Laboratory Medicine
Child Health
Psychiatry
Family Medicine
Public Health
Radiotherapy
Radiology

Ghana College Surgeons

Anaesthesia
Dental Surgery
Obstetrics & Gynaecology
Ophthalmology
Otorhinolaryngology
General Surgery
Emergency Medicine

9. Date of commencement of the Ghana College of Physicians and Surgeons training programme

-
- a) Faculty:.....
 - b) Training centre posted to:.....
 - c) Other training centre(s) with dates (attach certificate(s) of training):
 - a)
 - b)
 - c)
 - d)

10. Previous examination(s) passed with dates: (attach photocopies of certificates or notice of results):

- a) Primary examination:

b) Any other(s):

i)

ii)

iii)

iv)

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

If 'yes' above, please list dates: 1.....

2.....

3.....

4.....

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

13. 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.						



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	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 TRG INSTITUTION
 (Name, Signature & Date)

.....

MEDICAL DIRECTOR OF TRG 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 Membership 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).