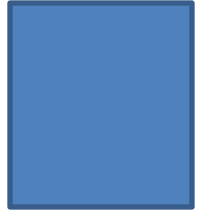


GHANA COLLEGE OF PHYSICIANS AND SURGEONS
APPLICATION FORM FOR ADMISSION TO FELLOWSHIP
IMPORTANT: APPLICANTS ARE REQUESTED TO SEND ONE COMPLETED FORM TO:



THE RECTOR
GHANA COLLEGE OF
PHYSICIANS AND SURGEONS
P.O. BOX MB 429 – MINISTRIES
ACCRA

(You may continue on extra sheets where necessary)

ENCLOSURES WITH THE FOLLOWING

- (i) Application Fee of US\$200 (Non-refundable). Cash to be made payable to the Ghana College of Physicians and Surgeons.
- (ii) One recent passport size photograph.
- (iii) 1 Copy of Curriculum Vitae.
- (iv) Evidence of your qualifications (certified true copies only).
- (v) Evidence of ‘good standing’ with the applicants regulatory board in country of practice

APPLYING TO THE FACULTY OF (Please See Page 5)

- 1. Surname Dr./Prof.
- 2. Other Names (in full).....
- 3. Former name (if any).....
- 4. Date of Birth.....
- 5. Nationality.....
- 6. Address:
 - a) Residential.....
 -
 - b) Postal.....
 -
 -
 - c) E-mail
 - d) Telephone.....

(Any change of address must be notified at once to the Rector, Ghana College of Physicians and Surgeons)

Name and address of next of kin: (a) Name.....

(b) Postal

.....

(c) Residential.....

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(d) Tel. No.

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8. Relationship of next of kin to applicant.....

9. Universities attended stating Degree(s) obtained, giving class/divisions or other details and dates:

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10. Other academic qualifications.....

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11. Particulars of past and present employment (indicate present place of work and address)

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12. Evidence of teaching/training in the Faculty in which applicant is applying to.....

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13. Membership of Professional Bodies etc.

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14. Research Interests.

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15. Publications, with references (*please continue on an extra sheet and attach a minimum of two publications*)

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16. Give reasons, in writing, why you would like to join the College (*please use extra sheets*).

17. **SPONSORS** : Names and addresses of three Fellows of this College, two of whom must belong to the Faculty you wish to join.

Written recommendations should be sent directly to the College (*sponsors must familiarize themselves with the Criteria for Fellowship by Election on the College website*).

a) Name.....

Faculty.....

Address.....

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Tel No:..... Signature.....

b) Name.....

Faculty.....

Address.....

.....

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Tel No:..... Signature:.....

c) Name.....

Faculty.....

Address.....

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Tel No:..... Signature:.....

Date.....

Signature of Applicant

FACULTIES OF THE GHANA COLLEGE OF PHYSICIANS AND SURGEONS

Anaesthesia and Intensive Care
Dental Surgery and Sub-Specialties
Emergency Medicine
Family Medicine
General Surgery & Sub-Specialties
Internal Medicine
Laboratory Medicine
Neurosurgery
Obstetrics and Gynaecology

Ophthalmology
Orthopaedics and Trauma Surgery
Otorhinolaryngology
Paediatrics & Child Health
Psychiatry
Public Health
Radiology, Oncology & Radiation Therapy

PAY APPLICATION FEES TO:

ACCOUNT NAME: GHANA COLLEGE OF PHYSICIANS AND SURGEONS FELLOWS (USD)
BANK: AGRICULTURAL DEVELOPMENT BANK
ACCOUNT NO: 1183040127261101
BRANCH: SPINTEX ROAD
BANK ID: ADNTGHAC
BRANCH CODE: 080118

FOR OFFICE USE ONLY	
Application Fee.....	Bank Draft/P.O. No/Cash
Received and acknowledged.....	Date:.....