

Name (Block Capitals): _____

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have read and understood the MRCP(UK) Rules and Regulations and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or is omitted.

By signing this form I confirm that I understand that all MRCP(UK) examinations operate a No ID, No Entry policy. I agree to bring the correct ID with me to the examination or my entry will be denied.

I have submitted the following information and documentation, with my signed and completed application form, prior to the closing date:

1. Documentation

- a) authenticated primary medical degree certificate **OR**
- b) an authenticated translation of my original primary medical degree certificate **OR**
- c) GMC number (UK GMC Full/Limited/Provisional Registration).

I accept the Royal College of Physicians can only accept authenticated copies of original documents if they have been attested and prepared by:

- the issuing University or Medical School
- a British Consulate or British Council outside the UK
- the British Embassy
- the British High Commission
- the candidate's own Embassy
- the High Commission in the UK
- a member of the Gardai in the Irish Republic
- Government Ministries of Health
- a notary public/Justice of the Peace (JP)
- a Fellow or Member of the Royal Colleges of Physicians or a Chair of the Examining Board of the awarding body (verification of the Fellow or Member will be sought to ensure that they are affiliated with the issuing University/Medical School and the authenticated copy should be submitted with the authenticator's full name, their Royal Colleges of Physicians code and an accompanying official stamp or letter from that Fellow, Member or Chair).

I accept that any original documents submitted with my application cannot be collected from administration offices. All original documents are posted back to candidates. This can take several weeks. For this reason, and because of possible postal delays, candidates are advised to obtain an attested copy and to submit this to the Royal College of Physicians. Only where an attested copy cannot be obtained should original primary medical degrees be sent to the Royal College of Physicians. As all applications are dealt with on a first-come, first-served basis, administration office staff cannot under any circumstances prioritise the return of original certificates.

2. Name Discrepancies

Where applicable, a document to expand all discrepancies, on the primary medical degree certificate, must be submitted. The document states that I am (in my full name) the same person named on the primary medical degree certificate. The document is in the form of:

- a) an original certificate from the issuing university **OR**
- b) an original affidavit from a solicitor.

- I accept incomplete applications may be returned or the processing of the form will be delayed significantly.
- I understand that I cannot have my application or fee transferred to the next examination.
- I agree that if I withdraw that I cannot re-enter the examination during the current diet or have my application or fee transferred to the next examination.
- I understand that faxed applications or photocopied signatures will not be accepted for reasons of confidentiality and security.
- I agree to the above, if any of the above is not correct or is not fully met the Royal College of Physicians reserves the right to reject my application and I will not be permitted to re-apply until the next diet.
- I understand that information requested will be used by the colleges for administrative purposes, and to meet its statutory obligations.

SIGNATURE: _____ DATE: ____ / ____ / ____

Please note that all information provided on this form will be treated in strict confidence, and will not be released to any third party. It will be used solely by the Royal Colleges of Physicians for the purpose of processing your application and, providing you have agreed, to communicate details of educational activities and materials which may be of interest to you.

Please read the MRCP(UK) Regulations carefully before completing this form as incomplete applications will be returned. You are required to complete Form A if you are:

- entering Part 1 for the first time or
- returning to Part 1 after the expiry of seven years from when you originally passed Part 1.

RCP NUMBER

You will be issued with an RCP number (six digits in length) upon acceptance to the Part 1 examination. This will be unique to you and will never expire. Please quote this number in all future correspondence with the colleges.

SECTION 1

Family/Last Name and Forename(s)

Please give your full name exactly as it appears on the Diploma of your primary medical qualification unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy as stated in the MRCP(UK) Part 1 agreement form.

Correspondence address

The address you provide will be used for all correspondence including the address to which your results letter will be sent. If using a hospital address, please also give the relevant department. If your address changes, please update your details through My MRCP(UK) via www.mrcpuk.org or notify your administrative office by email.

SECTION 2

Degree

The abbreviation of the title of degree awarded, for example: Doctor of Medicine = MD Bachelor of Medicine and Bachelor of Surgery = MBBS. Please write the name of your primary medical qualification exactly as it appears in the WHO (www.who.int) world directory of medical schools. If your qualification cannot be identified your application will be returned.

Date conferred

The date on which the degree certificate was conferred upon you (usually the ceremony date or the date you passed your final examination, whichever is earlier). If you have not received your certificate, a provisional certificate issued from the university is acceptable.

Issuing university

The full name of the university of your instruction.

Medical school

Name of the college attached to the university.

City

The city in which the university is located.

Country

The country in which the university is located.

SECTION 3

Documentary evidence of qualification

If you have Full, Limited or Provisional Registration with the General Medical Council and you appear on the GMC website you do not need to submit documentary evidence of your primary medical qualification. You must, however, complete section 3 of form A to include your GMC number, the year and month you obtained your degree and the category of registration you have obtained. If you are not registered with the GMC, you must submit documentary evidence of your primary medical qualification, please refer to the MRCP(UK) Part 1 Agreement - Section 1 on Documentation or to the MRCP(UK) Rules and Regulations.

CHECK LIST

For first-time entry to Part 1, candidates should send:

- Form A.
- Form B.
- Diploma of primary medical qualification **OR** (for doctors who hold GMC registration and appear on the GMC website), the candidate's GMC number, which should be entered on application forms A and B in the appropriate places. We do not then require the candidate's actual GMC certificate.
- Fee in Sterling on form B (please check current amount).

Contact Details

<p>Royal College of Physicians of Edinburgh Examinations Department 9 Queen Street, Edinburgh EH2 1JQ Tel: 0131 225 7324 Email: s.ross@rcpe.ac.uk</p>	<p>Royal College of Physicians and Surgeons of Glasgow Examinations Unit 242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072 Email: mrcpuk@rcpsg.ac.uk</p>	<p>Royal College of Physicians of London Written Examinations Office 11 St Andrews Place Regents Park, London NW1 4LE Tel: 020 3075 1515 Email: part1@mrcpuk.org</p>
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For further information please see the MRCP(UK) website at www.mrcpuk.org