



WEST AFRICAN COLLEGE OF CLINICAL PHYSIOLOGY SCIENCES (WACCPS)

Training Programs for Fellowship

- 1) **Advanced Clinical Physiology Training:** Candidates must complete advanced training in a specialized area of clinical physiology sciences.
- 2) **Research and Publication:** Candidates are required to conduct original research, publish papers, and present at conferences.
- 3) **Leadership and Expertise:** Candidates are expected to demonstrate leadership and expertise in their field, including mentorship, teaching, or other forms of professional service.

Alternative Route for Fellowship

Alternatively, candidates with extensive experience and expertise in clinical physiology may be eligible to sit for the Fellowship examination. Requirements may include:

- 1) **Years of Experience:** A minimum of 10 years of experience working in a clinical physiology unit, with evidence of significant contributions to the field.
- 2) **Professional Achievements:** Candidates must provide evidence of significant professional achievements, including publications, presentations, and leadership roles.

Designations

1. Primary Examination:

- ❖ Licentiate of the West African College of Clinical Physiology Sciences (LWCCPS)
- ❖ Certified Clinical Physiologist (CCP)

2. Membership Examination:

- ❖ Member of the West African College of Clinical Physiology Sciences (MWCCPS)
- ❖ Certified Specialist in Clinical Physiology (CSCP)

3. Fellowship Examination:

- ❖ Fellow of the West African College of Clinical Physiology Sciences (FWCCPS)
- ❖ Diplomate in Clinical Physiology (DCP)

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APPLICATION FORM FOR FELLOWSHIP EXAMINATION (FWCCPS/DCP)

SECTION A: PERSONAL DETAILS

Full Name (Surname First)		
Current Professional Title	MWCCPS	
	Other (Specify)	
Contact Address	City	
	State	
	Country	
Phone Number		
Email		
Date of Birth		
Gender	Male	
	Female	
	Other	
Nationality		
State of Origin:		

SECTION B: HIGHER QUALIFICATIONS & SPECIALIZATION

Attach certified copies of certificates.

7. Membership Certification:

- MWCCPS Award Year: _____ Institution: _____

8. Advanced Clinical Physiology Training:

- Institution: _____ Duration: _____

- Specialization Area: _____ Certificate Obtained: ☐ Yes ☐ No

9. Additional Relevant Qualifications:

- Degree/Diploma: _____ Institution: _____ Year: _____

SECTION C: PROFESSIONAL EXPERIENCE & LEADERSHIP

10. Current Position:

- Institution: _____ Job Title: _____

- Duration: From _____ to _____

11. Total Years of Clinical Physiology Practice: _____

Attach employment verification letters.

12. Leadership Roles Held (e.g., HOD, Committee Chair, etc.):

- Role: _____ Institution: _____ Duration: _____

- Role: _____ Institution: _____ Duration: _____

13. Teaching/Mentorship Experience:

- Institution: _____ Role: _____ Duration: _____

SECTION D: RESEARCH & PUBLICATIONS

Required for all candidates.

14. List Published Research Papers (Attach copies):

- Title: _____ Journal: _____ Year: _____

- Title: _____ Journal: _____ Year: _____

15. Conference Presentations:

- Title: _____ Event: _____ Year: _____

16. Research Projects Supervised:

- Title: _____ Institution: _____ Year: _____

SECTION E: ALTERNATIVE ROUTE (10+ Years' Experience)

Only complete if applying via this pathway.

17. - Role: _____ Institution: _____ Duration: _____

- Attach employment letters/service records.

18. Evidence of Field Contributions:

- Awards: _____

- Policy Documents Developed: _____

SECTION F: EXAMINATION DETAILS

19. Preferred Examination Center:

- ☐ Lagos ☐ Abuja ☐ Accra ☐ Anambra ☐ Rivers State, Other: _____

20. Examination Format Acknowledgment:

- I understand the exam includes:

☐ Advanced Written Papers

☐ Clinical Case Defense

☐ Research Thesis Evaluation

SECTION G: DECLARATION & DOCUMENT CHECKLIST

21. Attachments Required:

- ☐ MWCCPS Certificate

- ☐ Professional Training Certificates
- ☐ Employment Verification Letters
- ☐ Published Papers (Minimum 2)
- ☐ Conference Certificates
- ☐ Passport Photo (2)
- ☐ Application Fee Receipt (Non-refundable)

22. Declaration:

I confirm the accuracy of all information provided. I agree to comply with WACCPS ethical guidelines. Falsified documents will result in disqualification.

Date: _____

SUBMISSION INSTRUCTIONS

- Submit completed form + documents to:

www.waccps.org

IMPORTANT NOTICE

All payments made to the West African College of Clinical Physiology Sciences (**WACCPS**) are non-refundable. This policy applies to all types of payments, including application fees, course registration fees, examination fees, and any other charges.

By making a payment to **WACCPS**, you acknowledge and agree to this policy.

NOTES

- ❖ Incomplete applications will not be processed.
- ❖ Interview may be required for alternative route candidates.
- ❖ Contact: [WACCPS Email/Phone] for inquiries.