



## **WEST AFRICAN COLLEGE OF CLINICAL PHYSIOLOGY SCIENCES (WACCPS)**

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### **Training Requirements for Membership Examination**

The West African College of Clinical Physiology Sciences (WACCPS) requires candidates to undergo structured training programs before sitting for the Membership examination. These programs may include:

### **Training Programs for Membership**

- 1) **Clinical Physiology Training:** Candidates must complete a recognized training program in clinical physiology sciences.
- 2) **Practical Experience:** Hands-on training in relevant clinical settings.
- 3) **Supervised Clinical Practice:** Candidates are required to complete a specified period of supervised clinical practice.

### **Alternative Route for Membership**

Alternatively, candidates with significant experience in clinical physiology may be eligible to sit for the Membership examination. Requirements may include:

- 1) **Years of Experience:** A minimum of 5 years of experience working in a clinical physiology unit, with evidence of continuous professional development.
- 2) **Professional Development:** Candidates must provide evidence of ongoing professional development, including attendance at conferences, workshops, and relevant training programs.

**Examination format:** The examination consists of:

- Written components (e.g., multiple-choice questions, short-answer questions)
- Practical components (e.g., clinical skills assessment)
- Case-based discussions

**WEST AFRICAN COLLEGE OF CLINICAL PHYSIOLOGY SCIENCES (WACCPS)**  
**APPLICATION FORM FOR MEMBERSHIP EXAMINATION (MWCCPS/CSCP)**

**SECTION A: PERSONAL DETAILS**

1. Full Name (Surname First)		
2. Contact Address	City	
	State	
	Country	
3. Phone Number		
Email		
4. Date of Birth		
Gender	Male	
	Female	
	Other	
5. Nationality		
State of Origin		

**SECTION B: EDUCATIONAL QUALIFICATIONS**

Attach certified copies of certificates.

6. Degree institution: \_\_\_\_\_ Year: \_\_\_\_\_

- Degree specialization: \_\_\_\_\_

**7. Clinical Physiology Training Program:**

-WACCPS Institution/Center: \_\_\_\_\_ Duration: \_\_\_\_\_

- Certificate Obtained: ☐ Yes ☐ No

## SECTION C: PROFESSIONAL EXPERIENCE

### 8. Current Employment:

- Institution: \_\_\_\_\_ Position: \_\_\_\_\_
- Duration: From \_\_\_\_\_ to \_\_\_\_\_

### 9. Clinical Physiology Experience:

- Total Years of Experience: \_\_\_\_\_
- List hospitals/centres worked
  1. \_\_\_\_\_ Duration: \_\_\_\_\_
  2. \_\_\_\_\_ Duration: \_\_\_\_\_

### 10. Supervised Clinical Practice:

- Have you completed supervised practice? ☐ Yes ☐ No
- If yes, provide details (supervisor name, duration, institution):  
\_\_\_\_\_

## SECTION D: ALTERNATIVE ROUTE (For Candidates without Formal Training)

Only complete if applying via experience pathway (5+ years).

### 11. Proof of 5+ Years of Experience:

- Attach employment letters/service records.

### 12. Continuous Professional Development (CPD):

- List conferences/workshops attended (last 5 years):
  1. \_\_\_\_\_ Year: \_\_\_\_\_
  2. \_\_\_\_\_ Year: \_\_\_\_\_
- Attach certificates.

## **SECTION E: EXAMINATION DETAILS**

### **13. Preferred Examination Center:**

- ☐ Lagos ☐ Abuja ☐ Accra ☐ Rivers ☐ Anambra Other: \_\_\_\_\_

### **14. Examination Format Acknowledgment:**

- I understand the exam includes:
- ☐ Written (MCQ/Short Answer)
  - ☐ Practical (Clinical Skills)
  - ☐ Case-Based Discussions

## **SECTION F: DECLARATION & DOCUMENT CHECKLIST**

### **15. Attachments Required:**

- ☐ Degree Certificates
- ☐ Training Program Certificate
- ☐ Proof of Work Experience
- ☐ CPD Certificates
- ☐ Passport Photo (2)
- ☐ Application Fee Receipt (Non-refundable)

### **16. Declaration:**

I certify that all information provided is accurate. I agree to abide by WACCPS guidelines. Falsified documents will lead to disqualification.

Date: \_\_\_\_\_

## **SUBMISSION INSTRUCTIONS**

- Submit completed form + documents to:

**[www.waccps.org](http://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 forms will be rejected.
- ❖ Successful candidates will receive an exam date via email.
- ❖ Contact: [info.waccps@gmail.com](mailto:info.waccps@gmail.com) /**07081924221** (WhatsApp Only) for inquiries.