



WEST AFRICAN COLLEGE OF CLINICAL PHYSIOLOGY SCIENCES (WACCPS)

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Training Requirements/Examinations/Designation

Primary Examination

The primary examination is the first step in the WACCPS's examination process. It assesses candidates' foundational knowledge in clinical physiology sciences.

-  **Eligibility:** Candidates must meet specific requirements, including a relevant degree and completion of a certified training program.
-  **Examination format:** The examination consist of multiple-choice questions, short-answer questions, and/or practical/clinical components.

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Course Registration Form

1. Personal Information

Title:

(Mr.) (Mrs.) (Dr.) (Prof.) (Other): _____

Full Name:

| | |
|------------------------------------|--|
| Surname | |
| First Name | |
| Middle Name (if applicable) | |

Contact Details:

| | |
|---|---|
| Email Address | |
| Phone Number and Whatsapp number (with country code) | + |

Demographic Information:

| | |
|---------------------------------|--|
| Date of Birth: [Date Picker] | |
| Gender: [Male] [Female] [Other] | |
| Nationality: [Dropdown Menu] | |

Residential Address:

| | |
|--------------------------|--|
| Street Address | |
| City | |
| State/Region | |
| State of origin | |
| Country: [Dropdown Menu] | |
| Postal/Zip Code | |

Institution Details:

| | |
|---|--|
| Name of Institution: | |
| Year of Graduation | |
| Course Selection (Select 1 or 2 subspecialties) | |

4. Career Intentions

Do you intend to practice abroad after certification?

[Yes] [No]

5. Declaration

"I certify that all information provided is accurate and complete. I understand that falsified documents or misrepresentation will result in disqualification."

Date: [Date Picker]

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.

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