

EXAMS DEPT USE ONLY

CODE No:
 COST CENTRE:



Please forward completed application to:
 Frederick House,
 19 South Frederick Street, Dublin 2,
 Ireland.
 Fax: 353 1 672 4707*
 *(Re-entrants paying by credit card or bank transfer only)

DIPLOMA IN MEDICINE OF THE ELDERLY (DME) EXAMINATION APPLICATION FORM:
 CONJOINT BOARD OF THE ROYAL COLLEGE OF PHYSICIANS & THE ROYAL COLLEGE OF SURGEONS IN IRELAND

SECTION 1: SUPPORTING DOCUMENTS CHECKLIST
 (1st time entrants only)

ATTESTED COPY OF MEDICAL DIPLOMA:
 2 PASSPORT PHOTOGRAPHS:
 CURRICULUM VITAE:
 PAYMENT:
 CONSULTANTS LETTER:
Please note that this letter must be printed on hospital headed paper.

RCPI CODE NUMBER:
 (Not applicable to 1st time entrants)
 EXAM CENTRE:
 EXAM DATE:

Early application for this examination is advised. Faxed applications are acceptable for re-entrants only. For more information please download a copy of the DME regulations from www.rcpi.ie

Have you entered for this examination on a previous occasion?
 YES: NO:
 DATE OF LAST ENTRY:

SECTION 3: MEDICAL QUALIFICATIONS
 (Please complete in BLOCK CAPITALS)

PRIMARY DEGREE:
 DATE CONFERRED:
 UNIVERSITY:
 MEDICAL COLLEGE:

Are you registered with the Irish Medical Council or General Medical Council?
 YES: NO:

SECTION 5: APPOINTMENTS HELD SINCE QUALIFICATION DATE:

APPOINTMENT	HOSPITAL	DATE FROM:	DATE TO:

Re-entrants please list appointments held since last examination attempt only

SECTION 2: PERSONAL DETAILS
 (Please complete in BLOCK CAPITALS)

DATE OF BIRTH:
 LAST NAME(S)
 FIRST NAME(S)
 ADDRESS:

MALE: FEMALE: NATIONALITY:

CONTACT DETAILS

TELEPHONE:
 FAX:
 E-MAIL:

SECTION 4: PAYMENT DETAILS
 (Please note all payments must be in Euro)

EXAM FEE: €

PAYMENT METHOD:

CHEQUE/BANK DRAFT: CASH:
 DIRECT TRANSFER:

Bank drafts must be drawn on Irish banks only. Drafts drawn from any other country are not acceptable and will render any examination application void.

CREDIT CARD:
 PLEASE SEE BELOW NOTE ON CREDIT CARD PAYMENT

CREDIT CARD NUMBER:

EXPIRY DATE: /

NAME ON CARD:

CARD TYPE: VISA: MASTERCARD:

SIGNATURE:

DATE:



NOTE ON CREDIT CARD PAYMENT: THE COLLEGE IS UNABLE TO PROCESS CREDIT CARD DETAILS FOR ANYONE OTHER THAN THE APPLICANT. ADDRESS DETAILS IN SECTION 2 MUST MATCH BILLING ADDRESS. LASER CARDS OR DEBIT CARDS ARE NOT ACCEPTED