



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Application Form for the Licentiate of the Faculty of Occupational Medicine

This form must be completed and returned to the **Examinations Office, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2, Ireland**, by the published closing date of entry.

Section 1 – Please complete in BLOCK capitals

Surname: _____ First Name(s): _____

Address: _____

Telephone No: _____ Mobile/Cell No: _____

Fax: _____ Date of Birth: _____

E-mail address: _____

Nationality: _____ Male: Female:

Exam Centre: Dublin

Kuala Lumpur

Al-Ain

Section 2 – Qualifications

Degree: _____ Date Conferred: _____

University/Medical School: _____

Date of Medical Registration: _____ Where Effected: _____

Postgraduate Qualification: _____	Date: _____
-----------------------------------	-------------

Have you entered for this examination on a previous occasion: Yes No

Date of last Entry (if any): _____

Section 3 – Payment Details

Cheque Cash Credit Card Bank Draft [Direct Transfer](#)

Card Number:																				
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:				
--------------	--	--	--	--

Card Type:	Visa:		Access:		MasterCard:	
------------	-------	--	---------	--	-------------	--

Amount:	
---------	--

Name on Card:	
---------------	--

NOTE: CANDIDATES MUST ENSURE THAT THEIR PORTFOLIO BE SUBMITTED PRIOR TO THE CLOSING DATE FOR APPLICATIONS. THE FACULTY REQUIRES ONE HARD COPY AND ONE ELECTRONIC COPY. THE ELECTRONIC COPY MUST BE SUBMITTED IN WORD FORMAT, AS AN EMAIL ATTACHMENT.



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Section 4 – List of Posts Held Since Registration

Title of Post:	Hospital/Institution:	Supervising Consultants:	Brief Account of Duties:	Dates Held:	Office Use Only:

Signed:

Date:



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

Testimonial Form
for Licentiatehip of the Faculty of Occupational Medicine
(Please complete in BLOCK capitals)

To the Dean and board of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland:

I, _____

of (address) _____

and

I, _____

of (address) _____

being duly qualified medical practitioners of at least 2 years standing with some practice in occupational medicine, certify from personal knowledge of: (name of candidate to be entered by either referee):

that *he/she is, as regards moral character and conduct, a fit and proper person to be admitted to the Examination for the LFOM.

Signed: _____ Date: _____

Signed: _____ Date: _____

*please delete where applicable