



# ROYAL COLLEGE OF PHYSICIANS OF IRELAND

## DECLARATION FORM

*I..... hereby apply for admission to the Licentiate examination to be held on.....(date) at .....(name of centre).*

*I declare that I have read and understood the Faculty's regulations governing the examination.*

*I understand that I may be refused admission, or have permission to complete the examination rescinded if I infringe any regulation or I am considered by the examiners to have been guilty of behaviour prejudicial to the proper conduct of the examination.*

*I understand too that I may be subject to sanctions up to and including being excluded from any further examinations conducted by the Faculty or College for life. Any such misconduct may be reported to the appropriate licensing body.*



**ORIGINAL FORM MUST BE SUBMITTED TO GUARANTEE ACCEPTANCE.**