



Royal College of Physicians Of Ireland

MEMBERSHIP OF THE FACULTY OF PUBLIC HEALTH MEDICINE (MFPHMI) Application for Entry to Part I, or Re-Entry to Part I

This form must be completed and returned to the **Examinations Office, Frederick House, 19 South Frederick Street, Dublin 2, Ireland**, by the published closing date of entry. Pass results can be accessed on www.rcpi.ie

Section 1 – Please complete in BLOCK capitals

Surname: First Name(s):

Address:

Male: Female: Nationality: Date of Birth:

Tel. No: Mobile Tel. No:

Fax: E-mail Address:

Section 2 – Medical Qualifications

Degree(s): Date Conferred:

University/Medical School:

Date of Medical Registration: Where effected:

Postgraduate Qualification: Date:

APPOINTMENTS HELD SINCE GRADUATION OR SINCE LAST ENTRY:

APPOINTMENT	DATE FROM	DATE TO

Formal Academic Course attended, if any, for this Examination:

Title: Date:

Have you entered for this examination on a previous occasion*: Yes No
*(including Part I Examination of the Faculty of Public Health Medicine in the United Kingdom)

Prior Date(s) of Entry: I wish to take Part I on (date):

Section 3 – Payment Details

I enclose the examination fee of: €

Cheque Cash Money Order Bank Draft Bank Transfer

Card Number:

Expiry Date:

Credit Card : (Visa or MasterCard)

Name on card:

Signature: Date:

MEMBERSHIP OF THE FACULTY OF PUBLIC HEALTH MEDICINE

(MFPHMI) Application for Entry to Part I, or Re-Entry to Part I

TESTIMONIAL

I, _____, being a Fellow of the Faculty of Public Health Medicine of Ireland or the United Kingdom and actively engaged in the practice of Public Health Medicine, certify that I believe

Dr. _____

to have the ability, and to have had sufficient training, to justify admission to Part 1 of the Membership examination.

Signed:

Dated: