



Royal College of Physicians Of Ireland

MEMBERSHIP OF THE FACULTY OF PUBLIC HEALTH MEDICINE (MFPHMI) Application for Entry to Part 2, or Re-Entry to Part 2

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. 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

Date of Medical Registration: Where effected:

If submitting thesis/reports:
Supervisor:

Address:

Present post held:

Has any part of this work previously been submitted for any other medical qualification?

If yes, please specify degree/diploma and date:

I enclose (tick as appropriate):

Two copies of my typed thesis/reports

A statement signed by my Supervisor or a Fellow of the Faculty of Public Health Medicine of Ireland or the United Kingdom

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 2, or Re-Entry to Part 2

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 carried out the research on which his or her thesis is based, except where otherwise acknowledged in the thesis.

Signed: Date:

I also certify that none of this research has been submitted by the candidate for any other postgraduate qualification.

Signed:

Some of the research has been submitted for another postgraduate qualification. The original components of this submission are set out below.

Signed: