EXAMS DEPT USE ONLY

Updated on S.O.S. ☐

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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)**

MRCPI PART 1 EXAMINATION APPLICATION FORM:

Please attach 2 passport photographs and attested copy of primary medical degree (1st time entrants only)

Please complete all relevant sections legibly and in BLOCK CAPITALS. Your name should appear as it is printed in your primary medical degree. If you wish your name to appear otherwise please tick here ☐ and provide a copy of your passport/other official document stating your name in the desired form.

RCPI ID NUMBER: ☐☐☐☐☐ **(Not applicable to 1st time entrants)**

Please affix passport photos here.

DATE OF BIRTH: _____/ _____/ _____

LAST NAME(S) _____

FIRST NAME(S) _____

ADDRESS: _____

MALE: ☐ **FEMALE:** ☐ **NATIONALITY:** _____

PHONE: _____ **E-MAIL:** _____

EXAM DETAILS

MRCPI PART 1 GENERAL MEDICINE: ☐ **MRCPI PART 1 PAEDIATRICS:** ☐ **FIRST TIME:** ☐ **RE-ENTRY:** ☐

EXAM DATE: _____/_____/_____ **EXAM CENTRE (i.e. Dublin, Oman etc.):** _____

MEDICAL QUALIFICATIONS

PRIMARY DEGREE: _____ **UNIVERSITY:** _____

MEDICAL COLLEGE: _____ **DATE CONFERRED:** _____/_____/_____*

**Please note that a minimum of 12 months (General Medicine) and 18 months (Paediatrics) must have elapsed from the date of primary degree graduation to the date of the examination in order for a candidate to be deemed eligible for entry.*

APPOINTMENTS HELD SINCE QUALIFICATION (Re-entrants please list appointments since last examination attempt only)

APPOINTMENT	HOSPITAL	DATES FROM	DATE TO

PAYMENT DETAILS:

Note: All payments must be made in Euro only. Bank drafts must be drawn on Irish banks only. Drafts drawn from any other country are not acceptable and will render any application void. The college is unable to process laser or debit cards. Address details provided must match the credit card billing address. Credit card payments will be processed approximately one week after the advertised closing date.

RCPI ID NUMBER: ☐☐☐☐☐ **EXAM FEE: €** _____

CHEQUE/DRAFT: ☐ **BANK TRANSFER** : ☐ **CASH:** ☐ **CREDIT CARD:** ☐

CREDIT CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **EXPIRY DATE:** ☐☐ / ☐☐

VISA: ☐ **MASTERCARD:** ☐ **NAME ON CARD:** _____

SIGNATURE: _____ **DATE:** _____/ _____/ _____

NOTES:

Candidates are required to make themselves aware of the regulations governing the general medicine and paediatrics examinations. Any applications that arrive after the advertised closing date are deemed ineligible and will be returned. Original documents should not be submitted as the college does not bear any responsibility for their loss on return. Candidates who fax their application should contact the examinations office to ensure receipt.

For any further details please visit www.rcpi.ie.