

**MRCPI PART 2 WRITTEN APPLICATION FORM:**Please attach completed *testimonial* form (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:

DATE OF BIRTH: ____/____/____

LAST NAME(S) _____

FIRST NAME(S) _____

ADDRESS: _____

MALE: FEMALE:

NATIONALITY: _____

PHONE: _____

E-MAIL: _____

Please affix
passport photos
here. (Applicable
to candidates
applying on the
basis of Part 1
Exemption only.

EXAM DETAILSMRCPI PART 2 GENERAL MEDICINE: MRCPI PART 2 PAEDIATRICS: FIRST TIME: RE-ENTRY:

EXAM DATE: ____/____/____

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

MEDICAL QUALIFICATIONS

PRIMARY DEGREE: _____

UNIVERSITY: _____

MEDICAL COLLEGE: _____

DATE CONFERRED: ____/____/____

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 are not accepted. The college is unable to process laser or debit cards. Address details provided must match the credit card billing address.

RCPI ID NUMBER:

EXAM FEE: € _____

DIRECT 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 written examinations. Any applications that arrive after the advertised closing date are deemed ineligible and will be returned. Original testimonial forms must be submitted. Only complete applications will be accepted. Candidates who fax their application should contact the examinations office to ensure receipt. Candidates applying on the basis of [Part 1 exemption](#) must provide the following additional documentation: 1 attested copy of primary medical degree, 1 attested copy of qualification entitling the bearer to exemption and two passport photographs.

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



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

TESTIMONIAL FORM

To the President and Fellows of the Royal College of Physicians of Ireland:

I (BLOCK CAPITALS)

Of (Address)

And

I (BLOCK CAPITALS)

Of (Address)

being duly qualified practitioners of at least five (5) years standing and actively engaged in the practice of medicine, certify form personal knowledge of **(name of candidate to be entered by either referee in BLOCK CAPITALS)**:

that *he/she is, as regards moral character and conduct, a fit and proper person to be admitted to the MRCPI Part 2 Examination, and I further certify that I believe *him/her to have the ability and to have had a sufficient training to justify admission to the Membership Examination.

Referee 1 Signature:

Date: / /

Referee 2 Signature:

Date: / /

***delete as applicable**



FIRST-TIME ENTRANTS: ORIGINAL FORM MUST BE SUBMITTED TO GUARANTEE ACCEPTANCE. THIS FORM IS NOT APPLICABLE TO RE-ENTRANTS. REFEREES ARE REQUESTED TO COMPLETE THE FORM CLEARLY AND LEGIBLY.