

**MRCPI PART 2 CLINICAL EXAMINATION APPLICATION FORM:**

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: \_\_\_\_\_

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

EXAM DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXAM CENTRE (i.e. Ireland, Oman etc.): \_\_\_\_\_

**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.

RCPI ID NUMBER: 

EXAM FEE: € \_\_\_\_\_

CHEQUE/DRAFT:  **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 [general medicine](#) and [paediatrics](#) examinations. Any applications that arrive after the advertised closing date are deemed ineligible and will be returned. Only complete applications will be accepted. Candidates who fax their application should contact the examinations office to ensure receipt.

For any further details please visit [www.rcpi.ie](http://www.rcpi.ie).

