

**MRCPI PART 2 OBGYN EXAMINATION APPLICATION FORM:***Please attach completed [testimonial](#) form (1<sup>st</sup> 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 DETAILS**

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 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:  [EDUSTEP](#) (online payment):  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 [obstetrics and gynaecology](#) 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](http://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.**