

TESTIMONIAL FORM

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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 from 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**