



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

APPLICATION FOR EXEMPTION FROM MFPH PART A (UK) EXAMINATION THROUGH RECIPROCAL RECOGNITION OF MFPHM PART I (IRELAND)

Please complete this form clearly in black ink.

SURNAME (block capitals)

FIRST NAME(S)

ADDRESS (block capitals)

.....

D.O.B SEX: [M] / [F]

TELEPHONE N^o

E-MAIL ADDRESS

MEDICAL QUALIFICATIONS

DEGREE DATE CONFERRED BY

CATEGORY AND DATE OF REGISTRATION

GMC REGISTRATION N^o:

"I claim exemption from the Part A Membership Examination of the UK Faculty of Public Health on the grounds that I have obtained the Part I Membership Examination of the Irish Faculty of Public Health Medicine on...":

DATE (dd/mm/yy)

In support of this claim I submit:

- 1) a **COPY** of my Part I MFPHMI pass letter
Please note that originals can be returned, but we cannot guarantee their safe delivery

AND

- 2) a cheque/money order for £_____ made payable to the 'Faculty of Public Health'.
Amount equal to the current fee for the Part A MFPH Examination.

DATE

SIGNATURE