

Revalidation Subscriber Application Form



FACULTY OF
PUBLIC HEALTH

Please complete this form and return it, along with your CV, to revalidation@fph.org.uk

1. Contact information

First name:

Last name:

Preferred Title:

Gender:

Date of birth:

Email:

Telephone:

Business
Address:

2. Registration & Public Health Medicine Qualification

Primary medical qualification:

Awarding body:

Date awarded:

GMC number:

Date of full GMC registration:

Other medical qualifications:

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3. Revalidation subscriber posts

Name of employer:

Title of post:

Start date:

Finish date:

Brief description of the post content (duties):

Other areas of practice:

Scope of work in public health medicine:

4. Eligibility for Revalidation Subscriber

To be eligible, a doctor's practice must include a substantial element of work that is public (population) health focused – please describe how your practice meet this criteria?

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5. Declaration

I hereby apply to join the Faculty of Public Health (FPH), as a revalidation subscriber, to provide me with a prescribed connection to FPH as a designated body, in accordance with the Medical Profession (Responsible Officers) Regulations 2010, to enable me to have an annual appraisal and revalidate through FPH. I declare that the information provided on this form is complete and accurate and agree to pay the annual subscription and revalidation service fee due in April of each year, until such time as I tender my resignation in writing (for example if my situation changes and I take up employment with a designated body, so that my prescribed connection is with them and no longer FPH). I understand that failure to pay such subscriptions and annual fees in a timely manner will break my prescribed connection to FPH as my designated body; this will prevent me from accessing the FPH Responsible Officer and revalidating with FPH which could jeopardise my licence to practice. I understand that all personal data provided on this form will be used in accordance with FPH's privacy policy, General Data Protection Regulation (GDPR) and the current Data Protection Act. I agree that FPH may disclose or share information from this form and any other information relating to my subscriber status with FPH to relevant regulatory bodies.

Applicant
signature:

Date:

6. Next Steps

1. Please send in your completed form, along with your CV, to revalidation@fph.org.uk
 - a. Your application will be review by the FPH Responsible Officer, to ensure you undertake significant public health duties as part of your practice.
2. If your application is successful, then payment details will be sent to you.
3. FPH will begin acting as your designated body for revalidation immediately once payment has been confirmed.

7. Payment Information

Revalidation subscriber costs £181

You will also need to pay the revalidation service fee annually.
For 2021/22 the fee is £1,300 and we will invoice you separately for this.