



# COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**COLLEGIATE MEMBERSHIP OF THE COLLEGE  
M.C.F.P. (S) BY ELECTION PROGRAMME**

## APPLICATION FORM

Recent  
Passport-sized  
Photograph  
x 1

Please ✓ the appropriate boxes accordingly. \* Delete where applicable

### (A) PERSONAL PARTICULARS

**Family Name** : \_\_\_\_\_  
**Given Name** : \_\_\_\_\_  
**Nationality** : Singaporean / Others\* (please specify) : \_\_\_\_\_  
**Sex** : Male / Female \* **Passport / NRIC No** : \_\_\_\_\_  
**Date of Birth** : \_\_\_\_\_ (dd / mm / yyyy)  
**Race** : Chinese / Malay / Indian / Others\* (please specify) : \_\_\_\_\_  
**Residential Address** : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Postal Code** : Singapore \_\_\_\_\_ **MCR No** : \_\_\_\_\_  
**Telephone (Home)** : \_\_\_\_\_ **Fax (Home)** : \_\_\_\_\_  
**Mobile Phone** : \_\_\_\_\_ **Pager** : \_\_\_\_\_  
**Email Address** : \_\_\_\_\_

### (B) OTHERS

**YEAR AND DEGREES/DIPLOMAS AWARDED (attach a separate sheet if necessary)**

\* Please enclose a copy of your CV

YEAR	QUALIFICATION

(C) ENTRY CRITERIA	Yes	No	Please give details where relevant. (Attach separate sheet if necessary)
• Is a member of the College of Family Physicians, Singapore for at least 2 years			
• Possesses MMed FM (Singapore)			
• Actively attending CME and has been certified by SMC for the past 2 years			
• Is actively involved in teaching Family Medicine and College activities (e.g. postgraduate training, undergraduate teaching in Family Medicine and willing to tutor for the Graduate Diploma in Family Medicine Programme) for at least a year			

## DECLARATION

I hereby make an application for the Collegiate Membership of the College Programme by Election and declare that the information stated in this application are true and correct and I have not withheld/distort any facts.

Signature of the Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

*Please send the following:*

- 1) *Completed application form (with photograph attached) together with a cheque payment of S\$950\*\*, made payable to 'College of Family Physicians Singapore'*
- 2) *A curriculum vitae*

The application, cheque payment and all required documents must be received before **15 June 2007** :

**Censor-in-Chief**  
**College of Family Physicians Singapore**  
**College of Medicine Building, 16 College Road #01-02, Singapore 169854**

*\* Successful candidates will be provided with the use of the academic gown during the Conferment ceremony.  
The candidate and one guest will also be invited to the Convocation dinner by the President of the College.*

*\*\* S\$350 Entrance fee and \$600 Initiation fee.*

### FOR OFFICIAL USE ONLY

Fee Paid : S\$ \_\_\_\_\_

Cheque / Draft No : \_\_\_\_\_

Acknowledgement date : \_\_\_\_\_

Official Receipt No : \_\_\_\_\_

Checked by : \_\_\_\_\_

M.C.F.P.(S)