

Check List for Returning the MRCPCH Clinical Application Form

Before returning the Application Form, please check that you have completed/attached the following:

- Provided your RCPCH CODE
- Provided a contact telephone number or E mail ID
- Provided your correspondence address
- Stated clearly which centre (s) you are applying for
- Provided your complete Examination History & requested Medical Experience in Sections 4 & 5
- Stated clearly if you were waitlisted at any exam and attached the relevant confirmation/correspondence
- If you have obtained exemption from the MRCPCH Part I Paper One A/Paper One B Examination through the Royal College of Physicians of Ireland and attached a copy of result letter
- You have entered your name in the Testimonial Section
- All the Proposer details have been detailed clearly: **see notes section 6**
- You have declared any special needs clearly
- Signed and dated the Declaration Section 7 of the Application Form
- Completed the STOP PRESS Form if applicable
- Attached the appropriate Fee
- Have checked the correct address to which the form and fee should be returned to as this may vary from centre to centre and diet to diet