

SECTION 1b – Completion of Part I

Please note that when taken separately, Part II must usually be taken within **four years** of passing Part I

DATE OF PASSING PART I (DD.MM.YY) _____

SECTION 2 – Registration with professional body: see note 2.1

UK candidates

1. Are you currently registered with the General Medical Council (GMC)?*

YES / NO (please circle)

Date obtained ____ / ____ / ____ /

GMC NUMBER:

OR

2. Are you currently registered with the General Dental Council (GDC)?*

YES / NO (please circle)

Date obtained ____ / ____ / ____ /

GDC NUMBER:

OR

3. Are you currently registered with the Nursing and Midwifery Council (NMC)?*

YES / NO (please circle)

Date obtained ____ / ____ / ____ /

NMC NUMBER:

American candidates

Are you currently registered with the American Medical Association (AMA)?

YES / NO (please circle)*

Date obtained ____ / ____ / ____ /

AMA NUMBER:

Dutch candidates

Are you currently registered with the Royal Dutch Medical Association (KNMG)?

YES / NO (please circle)*

Date obtained ____ / ____ / ____ /

KNMG NUMBER:

* If not registered with the GMC, GDC, NMC, AMA or KNMG – please refer to Notes

SECTION 4 – DMCC (Part II) Examination Agreement – Form B

_____ [FULL NAME IN BLOCK CAPITALS]

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have read and understood the SAL Guide to the Diploma incorporating the Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted.

Data protection: I consent to the information in this form being held on the Society's database and to my name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

I have submitted the following with my signed application form, prior to the closing date (please tick where applicable):

Candidates registered with the GMC, GDC, NMC, AMA or KNMG:

- Current examination fee (OR please tick here if you have paid via Pay Pal™)
 Dissertation (2 hard copies, plus an electronic copy e-mailed to examoffice@apothecaries.org)

Candidates NOT registered with the GMC, GDC, NMC, AMA or KNMG:

- Current examination fee (OR please tick here if you have paid via Pay Pal™)
 Documentary evidence of Primary Medical Qualification (authenticated copy only – no originals please)
 Evidence of CURRENT registration in own jurisdiction
 Dissertation (2 hard copies, plus an electronic copy e-mailed to examoffice@apothecaries.org)

I accept that incomplete applications may lead to a delay in processing my application and may lead to it being returned.

I understand that if I withdraw or defer my application after the closing date I will forfeit a proportion of the application fee as per the Regulations and Syllabus (www.apothecaries.org).

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above, if any of the above is not correct or is not fully met the Society of Apothecaries of London reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

SIGNATURE _____

DATE ____ / ____ / ____ /
DD MM YY

Please read the SAL Guide to the Diploma (available online at www.apothecaries.org) **carefully before completing this form as incomplete applications may be returned.**

You are required to complete Form B if you are entering the Part II examination for the FIRST time. For entrance to Part I or re-entrance to either part please refer to the Guide to the Diploma.

Your application must be received no later than 5.00pm on the closing date shown in the Administrative Guidance for Candidates.

APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS.

CANDIDATE NUMBER

You will be issued with a candidate number after the application closing date. This will be unique to you and will be your identification number during this examination. Please quote this number in all future correspondence with the Society.

SECTION 1: Personal details

1.1 Family/Last Name and Forename(s) Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy.

1.2 Correspondence address The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a hospital address, please also give the relevant Department. If your address changes, please notify the Examinations Office in writing as soon as possible.

SECTION 2: Registration with professional body

2.1 Registration If you have Full, Limited or Provisional Registration with any of the following:

- General Medical Council (www.gmc-uk.org)
- General Dental Council (www.gdc-uk.org)
- Nursing and Midwifery Council (www.nmc-uk.org)
- American Medical Association (www.ama-assn.org)
- Royal Dutch Medical Association (knmg.artsennet.nl)

and you appear on the relevant website YOU DO NOT NEED to submit documentary evidence of your primary medical, dental or nursing qualification. YOU MUST however complete Section 2, Form A to include your GMC, GDC, NMC, AMA or KNMG number and the date you obtained your Registration.

If you are NOT REGISTERED with GMC, GDC, NMC, AMA or KNMG you MUST submit documentary evidence of your primary medical, dental or nursing qualification (AUTHENTICATED COPY ONLY – no originals please). Furthermore you MUST submit evidence of CURRENT registration in your own jurisdiction. For further information please refer to the Guide to the Diploma.

SECTION 3 ELIGIBILITY

3.1 Eligibility For eligibility criteria please refer to the Guide to the Diploma.

3.2 Countersignature All applicants MUST arrange for sections 3a and 3b to be completed by their training co-coordinator/s (or equivalent). Failure to provide full and correct information will render your application incomplete, in which case it may be rejected.

Please note that verification may be sought through direct communication with the training co-coordinator/s (or equivalent).

EXAMINATION FEES

Fees are published in the **Administrative Guidance for Candidates** (available online at www.apothecaries.org) and are revised annually. Fees are likely to increase from the first examination of each year.

For payment methods please refer to the **Administrative Guidance for Candidates**.

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