



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

**COLLEGIATE MEMBERSHIP OF THE COLLEGE
MCFP(S) by Election 2019**

GST Registration Number: M90367025C

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APPLICATION FORM

Please ✓ the appropriate boxes accordingly. * Delete where applicable

(A) PERSONAL PARTICULARS

Family Name : _____

Given Name : _____

Nationality : Singaporean / Others* (please specify) : _____

Gender : 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) : _____ Mobile Phone : _____

Email Address : _____

(B) OTHERS

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

* Please enclose a copy of your CV

| YEAR | QUALIFICATION |
|------|---------------|
| | |
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| (C) ENTRY CRITERIA (must fulfil all of the following) | Yes | No | Please give details where relevant. (Attach separate sheet if necessary) |
|---|-----|----|---|
| ▪ Is an Ordinary Member of CFPS | | | |
| ▪ 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 in National Programmes (e.g. postgraduate training, undergraduate teaching in Family Medicine and tutoring for the Graduate Diploma in Family Medicine Programme) for at least 20 hours a year, for the period of 1 June 2018 to 1 June 2019 | | | |
| ▪ Letter of professional good standing from a holder of MCFP(S) or above | | | |

DECLARATION

I hereby make an application for the Collegiate Membership of the College Programme and declare that the information stated in this application are true and correct and I have not withheld/distorted any facts. I confirm and consent to College of Family Physicians Singapore collecting, using and/or disclosing my personal data which I have provided, including the NRIC number.

Signature of the Applicant : _____

Date : _____

Please send the following:

- 1) Completed application form (with photograph attached) together with a cheque payment of **S\$2,044.95**** (Inclusive of 7% GST), made payable to '**College of Family Physicians Singapore**'
- 2) A curriculum vitae
- 3) A letter of good standing from someone with MCFP(S) or above
- 4) An essay (which may be published in College Mirror) of not more than 500 words on the following:
 - (a) your involvement in Family Medicine / journey in Family Medicine
 - (b) highlight something particular about your role as a Family Physician
- 5) Document from SMC to show your active attendance in CME
- 6) Letters of appointment & documents to show your active involvement in relevant teaching for at least 20 hours a year for the period of 1 June 2018 to 1 June 2019 (Supporting documents must be certified and signed off by your supervisor / head of department)

The application, cheque payment and all required documents must be received by **7 June 2019 (Friday)**:

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 Convocation Ceremony on 23 November 2019 (Saturday). The successful candidate and one guest will also be invited to the Convocation dinner.

** S\$642.00 Interview fee, S\$374.50 Entrance fee and \$1028.45 Initiation fee (Inclusive of 7% GST).

FOR OFFICIAL USE ONLY

| | | | |
|----------------------|-------------|---------------------|---------|
| Fee Paid | : S\$ _____ | Cheque / Draft No | : _____ |
| Acknowledgement date | : _____ | Official Receipt No | : _____ |
| Checked by | : _____ | | |