



APPLICATION

MEMBERSHIPS, FELLOWSHIPS, AND DIPLOMA PROGRAM
AND THE
AMERICAN PRIMARY SPECIALTY BOARDS CERTIFICATION FOR THE MEMBERS
AND FELLOWS of the

Royal College of Physicians and Surgeons of the U.S.A.

Continuing Medical Education Program for Members and Fellows

485 Allard Rd. Grosse Pointe, MI 48236-2811

Mailing Address: P.O. Box 24224 Detroit, MI 48224

Phone: (313) 882-0641; Fax: (313) 882-0979; Email: applications@repsus.com

The applicant must be aware that to participate in the Primary Specialty Board, they must be a member or fellow of the Royal College of Physicians and Surgeons – USA. These Specialty Boards are designed to enhance the professional advancement and to encourage medical and surgical practice innovation among members of the Royal College of Physicians and Surgeons of the USA.

1. Name: _____
2. Permanent Address: Street _____ City _____
State _____ Zip Code _____ Telephone: _____
Fax: _____ Email Address: _____
3. Mailing Address: (if different) Street _____ City _____
State _____ Zip Code _____
4. Present Employment: Name _____ Street _____
City _____ State _____ Zip Code _____
5. Date and Place of Birth: Date ___/___/___ City _____ State ___ Country _____
6. Citizenship: _____
7. Marital Status: _____
8. Number of Children (if any): _____
9. This application is for Royal College American Specialty Board
 - A. The Royal College of Physicians and Surgeons Membership Fellowship Diploma
Royal College of Surgeons Royal College of Obstetrics/ Gynecology
Royal College of General Practice Royal College of Physicians
Royal College of _____
Specify Specialization
 - B. American Specialty Board of _____ Specialist.
Specify Specialization
10. List all educational institutions attended since Secondary or High School, including professional schools and certificates, diplomas and degrees obtained. Use additional paper if necessary.

11. State the name of the state or country where you are licensed to practice your profession and where you expect to use the CME certification from this organization (you are applying for):
_____ Year Issued _____
12. Are you in good standing with your licensing board? Yes _ No _
13. Will you be able to use our certificates in your state or country? Yes _ No _
14. What is your present specialization? _____
15. How many years experience do you have in your specialty? _____
16. State any postgraduate experience or degree obtained _____
17. Are you Board Certified, Board Eligible or do you have equivalent experience? State the name of the Board or provide information on the equivalency. Please submit a brief outline of your professional experience and training assessment, including the type of training, hospital staff

appointment, dates, addresses, name of the institution and supervisors under whom you trained on a separate sheet of paper.

18. Our journal is mandatory for members. Are you willing to subscribe to the journal and pay annual subscriptions? Yes No

19. Do you understand that our CERTIFICATES AND DIPLOMAS are available in all of the listed specializations, and that THESE ARE PROFESSIONAL CREDENTIALS NOT DESIGNED AS TRANSFERRABLE CREDIT FOR COLLEGIATE LEVEL WORK? Yes No

20. With the completed application, submit the following required document (for initial processing) with your application:

- 1). Copy of professional degree, certificates or diploma;
- 2). Copy of license to practice medicine where the certificate (of this college) is to be used;
- 3). The documents in Item #17 above;
- 4). A detailed curriculum vitae or bio data;
- 5). Passport sized photo with name and signature on the back;
- 6). Non-refundable application fee of \$300.00 for determination of eligibility. Payment must be made in USA dollars, traveler's check, money orders, credit card and bank checks are all acceptable and made payable to: "The Royal College of Physicians and Surgeons USA."

Submitting your credit card information for payment implies that you accept all responsibilities and liabilities. Once the credit card charges are authorized, you agree, warrant and guarantee that it is non refundable, uncontestable and assume personal liability for the charges.

21. Have you ever applied to this organization for admission into any of its programs at any time? Yes No

If "Yes" state the date ____/____/____ and committee action _____ on your application. If you received a certificate state the number _____ and year awarded _____.

22. Our program is designed for licensed practicing physicians and surgeons who are already Board certified, Board eligible, equivalent or experienced clinicians who are members of this organization and graduates of approved medical schools, interested in Continuing Medical Education to advance their career.

23. The qualifications of the Royal College of Physicians and Surgeons do not confer upon the holder the license to practice medicine and surgery. The licensing of medical practitioners is a separate matter that is under the responsibility of the individual's State or country Board of Medical Examiners. Our program is a time bound membership certification and recertification, which expires at a given time or at a stated period.

24. Languages spoken or written: English French Arabic Other _____

25. AVAILABLE SPECIALIZATIONS: The Royal College and the American Board Specialty. Specify the specialization requested. E.g. American Board of _____ Specialist and circle the number below for the college.

Specify Specialization from below

Please Circle the Appropriate Number(s) Below:

- | | | |
|--------------------------------------|--------------------------------------|---|
| 1. Anesthesiology | 11. Gastroenterology | 19. Medical Research & Methodology |
| 2. Cardiology | 12. Medicine - all branches | 20. Minimally Invasive Medicine and Surgery |
| 3. Community Medicine | 13. Hematology | 21. Minimally Invasive Spine Specialist |
| 4. Computer Medicine | 14. Infectious Disease | 22. M.U.A..Manipulation under Anesthesia |
| 5. Dermatology | 15. Internal Medicine – all branches | 23. Nephrology |
| 6. Emergency Medicine | 16. Hospital Practice | 24. Neurological Imaging |
| 7. Ear/Nose/Throat-ENT | 17. Medical Administration | 25. Neurology |
| 8. Endocrinology | 18. Medical Jurisprudence | |
| 9. Forensic Medicine | | |
| 10. General Practice/Family Medicine | | |

- | | | |
|---|--------------------------------|--|
| 26. Neurosurgery | 33. Pain Management Specialist | 40. Sport Medicine/ Surgery |
| 27. Nuclear Medicine | 34. Pathology | 41. Urology |
| 28. Obstetrics & Gynecology | 35. Pediatric/Child Health | 42. Veterinary Medicine |
| 29. Oncology | 36. Psychiatry | 43. Chiropractic Medicine |
| 30. Ophthalmology | 37. Pulmonary Medicine | 44. Other Specialties (specify _____) |
| 31. Orthopaedic Surgery | 38. Radiology - all branches | |
| 32. Pain Management Intervention Specialist | 39. Rheumatology | |

I certify that I Voluntarily enroll and willingly support the concept of Continuing Education Programs for doctors. I am licensed to practice medicine and surgery in the country where I intend to use the /Memberships, Fellowships, diplomas and certificate (s) that I am applying for. I am enclosing a \$300 non-refundable application fee OR the complete fee. I understand that no action will be taken on my application without payment of fee and submitting all the required credentials. To participate in the Specialty Board, I understand that I must be a member to participate, which I am willing to become if I am not already. My requests for the Board Certification are for legitimate purpose and for my personal and professional development.

I authorize full investigation of my application. My signature below is the authorization to anyone to release any information you may request on me. I agree that my competency in clinical skills and professional qualifications will be evaluated and the Royal College may make inquiry or release information about me concerning this matter. I agree to indemnify, release and hold harmless the Royal College of Physicians and Surgeons and its Agents from any liabilities or torts by reason of their acts or omissions in connection with this application. I agree to abide by the decision of the Royal College or its agents. We agree to submit to arbitration under the American Arbitration Association for any controversy, claims, torts and tort nuisance and other related violations. We are to submit the above controversies to above arbitrators in Detroit, Michigan, USA, and a judgment of the competent court may enter such award of the arbitrators. I agree to function within the limits of my competency and I guarantee and warrant that the Royal College of Physicians and Surgeons (and its agents) assume no responsibility for any of my activities or actions.

It is understood by me that any falsification of records, misrepresentation of material facts, dishonesty, forgery, and unethical practices will automatically render any Diplomas or certifications awarded to me NULL and Void. I further understand that the certificate or diploma awarded to me is time bound and needs to be recertified every 5- 10 years as may be. I understand that any certificate awarded to me remains the property of the Royal College and it maybe recalled and must be surrendered if requested.

Under penalty of perjury, I guarantee and warrant that all information provided on all pages of this application is true and correct. I am legally bound by the foregoing as attested to here with my signature below.

I guarantee and warrant that once the credit card is authorized and paid, it is non revocable or refundable. I am responsible for full payment. I have read, understand and agree with the above statements.

Date _____ Signature _____

The Royal College of Physicians and Surgeons admits professionals to its organizations of any race, color, national origin, sex, age, handicap, or religious preference in its education programs, activities, and employment as required by the Civil Rights Act of 1964 and Amendments including Title IX of the Educational Amendments of 1972.

-----**For Office Use Only**-----

Date Received: _____ Initial Review _____

NOTES:

Committee's Action: _____

Evaluation: _____ Rejected: _____

Extension: _____ Fee: Complete: _____

Approved: _____ Incomplete: _____