



APPLICATION

Membership, Fellowship and Diplomas Programs
Continuing Medical Education Program of the
Royal College of Physicians and Surgeons of the United States of America

485 Allard Road, Grosse Pointe, MI 48236-2811
Phone: (313) 882-0641; Fax: (313) 882-0979; Email: applications@rcpsus.com

APPLICATION MAILING ADDRESS:
Executive Director of RCP&S US, P.O. Box 36081, Grosse Pointe, MI 48236

1. Name: _____

2. Permanent Address: Street _____ City _____
 State _____ Zip Code _____ Telephone: _____
 Fax: _____ Email Address: _____

3. Mailing Address: Street _____ City _____
 (if different) 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: Married Single Divorced Separated

8. This application is for:

	<input type="checkbox"/> Membership	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Diploma
Royal College of Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DCH
Royal College of Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DPH
Royal College of Obstetrics/Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DOG
Royal College of General Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DTM&H
Royal College of Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify Preferred diploma _____
Royal College of _____ (other)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify Preferred Membership/Fellowship: _____

- * see specialties listed on page 4 of application

9. List all educational institutions attended since Secondary or High School, including professional schools and certificates, diplomas and degrees obtained. Use additional paper if necessary.

10. 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 college (you are applying for): _____ Year Issued _____
11. Are you in good standing with the licensing board? Yes No
12. Will you be able to use our certification in your state or country? Yes No
13. What is your specialization? _____
14. How many years experience do you have in your specialty? _____
15. State any postgraduate experience or degree obtained _____
16. 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.
17. Our journal is mandatory for members. Are you willing to subscribe to the journal and pay annual subscriptions?
Yes No
18. Do you understand that our MEMBERSHIPS, FELLOWSHIPS AND DIPLOMAS are available in all of the listed specializations, and these are professional DIPLOMAS AND FELLOWSHIPS NOT DESIGNED AS TRANSFERRABLE CREDIT FOR COLLEGIATE LEVEL WORK? Yes No
19. With the completed application, I am enclosing the following required document (for initial processing) with my 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). Item #16 above;
4). A detailed curriculum vitae or bio data;
5). Passport sized photo with name and signature on 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, and bank checks are all acceptable and made payable to: "The Royal College of Physicians and Surgeons USA."
20. Research and Publications (use separate paper if necessary)
- A. List all research works that you have conducted or participated (type, purpose, subject matter, descriptions, institution where it was conducted, supervisor and whether it was published; provide title, publisher and date if possible).

- B. List the publishers and dates of books, monographs, or pamphlets published (use separate paper if necessary)

- C. List the titles of articles (Journals and dates) published or unpublished (use separate paper is necessary)

D. List recent seminars, medical meetings, symposiums, and conferences attended:

E. List awards and honors received:

21. Have you ever applied to this organization for admission into any of it's 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 graduates of approved medical schools, interested in Continuing Medical Education to advance their career.

The qualifications of the Royal College of Physicians and Surgeons does 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 Board of Medical Examiners. Our program is a time bound membership certification which expires at a given time or at a stated period.

23. Languages spoken or written: English French Spanish Arabic Other _____

24. Available Specialties

Please fill in the appropriate number and name of your listed specialty below here _____

- | | | |
|--------------------------------|---|-----------------------------------|
| 1. Addictive Medicine | 27. Industrial Medicine | 53. Podiatric Medicine |
| 2. Administrative Medicine | 28. Infectious Disease | 54. Public Health |
| 3. Adolescent Medicine | 29. Internal Medicine | 55. Pulmonary Medicine |
| 4. Alternative Medicine | 30. International Health | 56. Preventive Medicine |
| 5. Medical Administration | 31. Jurisprudence | 57. Proctology |
| 6. Aerospace Medicine | 32. Maternal Child Health | 58. Psychiatry |
| 7. Allergy/Immunology | 33. Microbiology/Parasitology | 59. Psychotherapy |
| 8. Anesthesiology | 34. Medical Education | 60. Radiology |
| 9. Biomechanic/Manual Medicine | 35. Medical Psychology | 61. Research & Methodology |
| 10. Cardiology | 36. Military Medicine & Surgery | 62. Rheumatology |
| 11. Community Medicine | 37. Minimally Invasive Spine Procedures | 63. Sport Medicine |
| 12. Computer Medicine | 38. Minimally Invasive Surgery | 64. Surgery - All specialties |
| 13. Correctional Medicine | 39. Naturopathic Medicine | 65. Tropical Medicine & Hygiene |
| 14. Critical Medicine | 40. Nephrology | 66. Tropical Medicine & Surgery |
| 15. Dentistry | 41. Neurology | 67. Tuberculosis & Chest Diseases |
| 16. Dermatology | 42. Neurosurgery | 68. Urology |
| 17. Emergency Medicine | 43. Nutrition | 69. Venerology |
| 18. Ear/Nose/Throat - ENT | 44. Obstetrics & Gynecology | 70. Veterinary Medicine |
| 19. Endocrinology | 45. Occupational Medicine | 71. Other Specialties (specify) |
| 20. Epidemiology | 46. Oncology | _____ |
| 21. Forensic Medicine | 47. Opthamology | |
| 22. General Practice/Family | 48. Orthopaedic Surgery | |
| 23. Gastroenterology | 49. Osteopathic Medicine | |
| 24. Geriatric Medicine | 50. Pathology/Lab | |
| 25. Group Practice Medicine | 51. Pediatric/Child Health | |
| 26. Hematology | 52. Pharmacology | |

I certify that I Voluntarily enroll and willingly support the concept of Continuing Education Programs for doctors. I am licensed in the country where I intend to use the /Memberships, Fellowships, and Diplomas certificate (s) that I am applying for. I am enclosing a \$300 non-refundable application fee OR the complete tuition fee. I understand that no action will be taken on my application without payment of fee and submitting all the required credentials.

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 Memberships, Fellowships or Diplomas certifications awarded to me NULL and Void.

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

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 _____
Committee's Action: _____	Approved: _____
Evaluation: _____	Rejected: _____
Extension: _____	Fee: Complete: _____ Incomplete: _____
	Extension: _____

