

SECTION 1b – Completion of Part I

Please note that candidates must have passed, or been exempted from, Part I within the last **three years** (five years for candidates passing Part I prior to 31 March 2006)

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

SECTION 1c – Date of last entry to Part II

DATE OF LAST ENTRY (DD.MM.YY) _____

SECTION 2 – Registration with professional body: see note 2.1

1. Are you currently registered with the General Medical Council of the United Kingdom (GMC)?*
YES / NO (please circle)

Date obtained ____ / ____ / ____ / GMC NUMBER:

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OR

2. Are you currently registered with the General Dental Council of the United Kingdom (GDC)?*
YES / NO (please circle)

Date obtained ____ / ____ / ____ / GDC NUMBER:

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* If not registered with either the GMC or GDC – please refer to Notes

SECTION 3 – DMJ (Part II) Examination Agreement – Form R

_____ [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:

- Current examination fee (OR please tick here if you have paid via Pay Pal™)
 Casebook (3 hard copies plus an electronic copy sent via e-mail to examoffice@apothecaries.org)

Candidates NOT registered with the GMC, GDC:

- 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
 Casebook (3 hard copies plus an electronic copy sent via e-mail 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 R/2 if you are re-entering the Part II examination. For first time entry to the exam or re-entry to Part I 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: GMC or GDC registration

2.1 Registration If you have Full, Limited or Provisional Registration with either the General Medical Council or the General Dental Council and you appear on the relevant website (GMC: www.gmc-uk.org; GDC: www.gdc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical or dental qualification. YOU MUST however complete Section 2, Form A to include your GMC or GDC number and the date you obtained your Registration.

If you are NOT REGISTERED with the General Medical Council or the General Dental Council, you MUST submit documentary evidence of your primary medical or dental 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 (www.apothecaries.org).

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**.

**Examinations Department
Society of Apothecaries of London
Black Friars Lane, London, EC4V 6EJ**

Tel: 020 7236 1180

Fax: 020 7329 3177

Email: examoffice@apothecaries.org