

Training programme director name _____

Place of work _____ Work Phone No. _____

Signature _____

Work email

Section 4 - MRCP(UK) Examination agreement – Additional attempt form

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 understand falsifying information is an act of misconduct and will be investigated according to the MRCP(UK) Academic Misconduct Regulations. Proven cases of misconduct are routinely reported to the relevant regulatory body (please see the following link for further information - <http://www.mrcpuk.org/mrcpuk-examinations/regulations>)

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

Candidate name: _____ Date of Birth: __/__/____

Signature: _____ Date: ____/____/____

Completed forms must be submitted by educational supervisors/training programme director or equivalent as we cannot accept forms that are submitted by the candidate themselves.

Contact Details

Royal College of Physicians of Edinburgh Examinations Department 9 Queen Street, Edinburgh EH2 1JQ Tel: 0131 225 7324 Email: paces@rcpe.ac.uk	Royal College of Physicians and Surgeons of Glasgow Examinations Unit 242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072 Email: paces@rcpsg.ac.uk	Royal College of Physicians of London 11 St Andrews Place Regents Park, London NW1 4LE Written Exams Tel: 020 3075 1515 Clinical (Overseas) Exam Tel: 020 3075 1550 Clinical (UK) Exam Tel: 0151 318 2020 Part 1 Written - part1@mrcpuk.org Part 2 Written - part2written@mrcpuk.org UK based PACES - paces.queries@rcp.ac.uk Overseas PACES - overseas.paces@mrcpuk.org
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For further information please see the MRCP(UK) website at www.mrcpuk.org

