

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA  
(Established by Law in 1979, Cap N59, LFN 2004)



**TRAINING INSTITUTION'S APPROVAL FORM**

*To be completed by the present Head of Department in the current Training Institution or place of employment and certified by the Chief Medical Director (CMD) or the Chairman Medical Advisory Committee (CMAC) on his behalf. A self-employed candidate must have this section completed by his/her last Head of Department and Head of Training Institution.*

**A. CERTIFICATION BY HEAD OF DEPARTMENT**

1. I certify that all the particulars stated in the Part I / Part II (underline as applicable) Fellowship Examination Application Form in respect of Dr. .... are to the best of my knowledge correct.
2. I certify that he has been in the residency programme/employment of this Institution continuously since.....during which time he/she has performed his/her duties satisfactorily.
  - (a) If he/she is not in your Residency Programme, but only in your employment, please state why:  
.....  
.....
  - (b) Where did he/she undergo his Residency Training? .....
  - (c) Have you seen his/her Certificate of Training? .....

**NAME** .....

**PROFESSIONAL STATUS**.....

**DEPARTMENT**.....

**NAME OF INSTITUTION**.....

.....  
**Signature**

.....  
**Date and Official Stamp**

**B. ATTESTATION BY CHIEF MEDICAL DIRECTOR /CHAIRMAN MEDICAL ADVISORY COMMITTEE**

I do attest to the truth of the information provided above, and have undertaken on behalf of (Insert Institution Name)....., to approve that Dr..... should be presented for the Part I/ Part II (underline as applicable) Fellowship Examination in the Faculty of .....

**NAME**.....

**SIGNATURE** .....

**DATE AND OFFICIAL STAMP**.....