



ACCRA COLLEGE OF MEDICINE

Ghana's Leading Private Medical University

ACM-MDC REVISION PROGRAMME
APPLICATION FORM

Forms must be fully completed (**PLEASE TYPE/PRINT**)

Applicants are required to send completed forms with the following enclosures. Please note that you will not be considered for the course if your application is incomplete.

Write your name on the back of the passport picture and staple it here

ENCLOSURES:

- a. Two Passport Sized Photographs, one of which should be endorsed at the back
- b. Original copies of your MBChB Certificate or equivalent
- c. Original Transcripts of Academic Records from the University(ies) you attended
- d. Original copies of your WASSCE/SSCE Certificate or equivalent
- e. Your Curriculum Vitae/Resume

PLEASE NOTE:

- All original copies of certificates should be brought to ACM for verification.



PERSONAL INFORMATION

SURNAME: _____

SEX: MALE FEMALE

FIRST NAME: _____

OTHER NAME (S): _____

PREVIOUS NAMES: _____

(Provide evidence of change of name (if applicable).)

MARITAL STATUS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

DAY/MONTH/YEAR

COUNTRY OF CITIZENSHIP: _____

HOME/PERMANENT ADDRESS: _____

POSTAL ADDRESS: _____

PERSONAL PHONE NO: _____ / _____

PRIMARY

ALTERNATIVE

EMAIL ADDRESS: _____

Have you taken the MDC Registration Examination before?

NO YES [if yes, please indicate the month(s) and year(s)] _____

Do you have a disability or learning difficulty that may affect your learning while at ACM? If Yes, please provide further information.

YES NO



EMERGENCY CONTACT DETAILS

Please provide the following information on your emergency contact person

NAME: _____
Surname First name other names

RELATIONSHIP TO YOU: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

JOB TITLE: _____

(Please be specific do not write businessman/woman)

ACADEMIC HISTORY

Complete the section below with your qualifications and attach official transcripts or official report cards and official result slips where appropriate.

List any Universities (maximum of two) you have attended, starting with the most recent first.

****Kindly include a letter stating reasons why you discontinued at that institution. (if applicable)***

	MOST RECENT UNIVERSITY	PREVIOUS UNIVERSITY
NAME		
TOWN		
REGION/STATE/PROVINCE		
COUNTRY		
ENROLMENT PERIOD	FROM: TO: (MONTH/YEAR) (MONTH/YEAR)	FROM: TO: (MONTH/YEAR) (MONTH/YEAR)
AREA OF STUDY		
SPECIALTY		



DETAILS OF WORK EXPERIENCE (*paid, voluntary, family and unpaid employment*):

A. Work Experience as House Officer/Intern:

POSITION/DESCRIPTION OF WORK	HOSPITAL	START DATE	END DATE

B. Other Experience:

POSITION/DESCRIPTION OF WORK	ORGANIZATION	START DATE	END DATE

Have you ever had any disciplinary action taken against you by any employer or any Academic Institution?

YES NO

If Yes, please explain the circumstances surrounding the disciplinary action taken against you. Provide details inclusive of date, court and offence:



ADDITIONAL INFORMATION

How did you hear about ACM? You can select all that apply to you:

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> ACM website | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Television | <input type="checkbox"/> Friend | <input type="checkbox"/> ACM Staff/Faculty |
| <input type="checkbox"/> School visit | <input type="checkbox"/> Facebook | <input type="checkbox"/> Radio |

TUITION AND FEES

	GHANAIAN
Tuition	\$ 1000
Registration Fee	GHS 50

**Tuition includes use of ACM Academic Facilities, Use of Hospital Facilities, Use of Anatomage and Stimulation models.*

**All fees are subject to review each programme period and are payable in Ghana Cedi (GHS) equivalent at the prevailing exchange rate.*

**We require that all students have Health Insurance.*

By signing this application, I certify that all of the information is true to the best of my knowledge.

I also understand that this information and my university records may be reported to ACM partners and used for evaluation and other programme purposes.

Applicant's Signature

Date

Applicant's Name



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PAYING ACCRA COLLEGE OF MEDICINE EXAM AND INTERVIEW FEES

The cost of Application is **GHS 50.00** for all Applicants. The applicants who apply and start the programme late would still be required to pay the fees in full. Applicant payment can be made as follows either into the **Bank account** or **ExpressPay**:

Zenith Bank

Labone Branch

Account No. 6011210252

**Account Name: Accra College of Medicine
(Cedi Account)**

Zenith Bank

Labone Branch

Account No. 6041208272

**Account Name: Accra College of Medicine
(Dollar Account)**

ExpressPay: www.expresspaygh.com/acm

**Kindly note that fees are also payable in Ghana Cedis Equivalent at the prevailing exchange rate.*

**Attach a copy of your payment receipt to your complete Application.*

Failure to follow instructions stated above will result in the delay of processing your application.

Please return this application via:

Accra College of Medicine

Kedds Plaza

Magnolia Street

East Legon

Tel: +233 303967477 / 303961788

Admissions: +233 50 158 0578

Website: www.acm.edu.gh

Email: mdcpreregistration@acm.edu.gh or info@acm.edu.gh

For questions on the status of your submitted application, contact us at:

Fixed Phone: +233 303967477

Mobile: +233 501 580578

Email: admissions@acm.edu.gh or mdcpreregistration@acm.edu.gh

For Official Use Only	
Date Application Forms purchased	Receipt No.
Date Application Forms returned completed.	All/not all enclosures attached:
Name of Official	Signature: Date
Registered for the ACM-MDC Revision Programme	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fees paid	Yes <input type="checkbox"/> No <input type="checkbox"/>