



## Faculty of Homeopathy

### MFHom EXAMINATION (UK)

Application for the November/December 2010 sitting  
(closing date 24<sup>th</sup> September 2010)

#### IMPORTANT

- Applicants must read the accompanying document *Membership Examination Guidelines 2010 (UK)* before completing this application form. Applications which are incomplete or do not provide the information requested in the *Guidelines* cannot be accepted.
  
- If you are uncertain about how to complete this form it is important that you contact the Academic Office (contact details on page 4) for assistance *before the closing date* for submission of applications.

PLEASE WRITE LEGIBLY IN BLACK INK

Name

Address

Telephone

Home:	Work:
-------	-------

Fax

Email\*

\*Overseas students must provide an email address to ensure that they receive correspondence in time to make travel arrangements.

## PRIMARY MEDICAL QUALIFICATIONS

Year of full GMC registration:

GMC no.:

Qualifications

Candidates who are not registered with the General Medical Council must provide a photocopy of their medical degree (if this is not in English an official stamped translation must be provided).

I am not GMC registered. A photocopy of my medical degree is enclosed

## PRIOR FACULTY MEMBERSHIP

To apply for the examination you must have been an Associate or Licenced Associate of the Faculty for at least three months. Candidates who began their training after 2006 must be Licenced Associates.

Date of Associateship or Licenced Associateship

## COMPLETION OF FACULTY-ACCREDITED TEACHING

Candidates must have attended a full course of teaching leading to the MFHom at a Faculty-accredited teaching centre or (by prior agreement with the Faculty) present evidence of equivalent study and experience.

Which Faculty-accredited teaching centre(s) did you attend?

- Aberdeen       Bristol       Glasgow  
 London       HPTG (Leeds)

Please tick ONE of the following:

- a) I enclose a certificate(s) of attendance and a signed testimonial of readiness from a UK teaching centre to confirm that I have completed a full course of Faculty-accredited training and that I have reached an acceptable level of knowledge and experience to attempt the MFHom examination
- b) I attended a Faculty-accredited course in or outside the UK and passed the Part 1 written examination on \_\_\_\_\_ (insert date)
- c) I enclose evidence of alternative training as agreed in advance with the Faculty

## CASE HISTORIES

TWO copies of 10 case histories, with a critical evaluation of each must be presented with this application form. Candidates should refer to the *Membership Examination Guidelines 2010 (UK)* for guidance on the presentation of case histories. Case histories should not be bound and should be easy to take apart and photocopy.

My case histories are enclosed

I have also enclosed a signed and dated declaration to indicate that the case histories are my own work

## SPECIAL NEEDS

Please inform the Faculty in advance if you have any special needs which you consider will affect your examination performance.

**VENUE**

Please indicate your preferred examination venue bearing in mind that you may not take your clinical examination at a hospital at which you have been or are currently employed. The Faculty cannot guarantee to accommodate your venue preference but will endeavour to do so.

Glasgow 26<sup>th</sup> November (I confirm I have not been employed at this hospital)

Bristol 3<sup>rd</sup> December (I confirm I have not been employed at this hospital)

**PAYMENT DETAILS**

The fee for the MFHom examination is £350. Candidates who are re-sitting the examination and have previously passed the case history section pay a reduced fee of £315.

Please make cheques payable to the *Faculty of Homeopathy* in pounds sterling. The Faculty cannot accept post-dated cheques.

*I am applying to take all parts of the examination*

My cheque for £350 is enclosed  OR I wish to pay by Visa/Mastercard

*I am applying to re-sit the clinical and viva examination sections only*

My cheque for £315 is enclosed  OR I wish to pay by Visa/Mastercard

*My case histories were successful at a previous attempt. Please state date:*

Credit card details

Card no.

Expiry date /

Signature

Name on card

Address (if different from above)

Please sign, date and return this form to the Academic Office, Hahnemann House,  
29 Park Street West, Luton LU1 3BE  
Tel: 01582 408680  
Fax: 01582 723032  
Email: [info@facultyofhomeopathy.org](mailto:info@facultyofhomeopathy.org)

**CLOSING DATE**

The completed application form and full examination fee must be received at the Faculty Academic Office *no later than 24 September 2010*. Late applications cannot be accepted.

**ACKNOWLEDGEMENT OF RECEIPT**

Your application form will be acknowledged within one week of the closing date. If you wish to confirm receipt of your application prior to the closing date please contact Academic Office by telephone or email. *Correspondence will be sent by email to overseas students.*

Signature

Date