

**Declaration on admission as Fellow in absentia**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do promise and declare that I will well, truly and faithfully attend and exercise the Office or Place of Fellow of the Royal College of Physicians of Ireland, in all things touching and concerning the same.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness:

Signature of Witness:

*(who must be a Fellow of RCPI, a notary public or commission for oaths)*

Completing this form does not automatically confer Fellowship. Fellowship is only conferred on receipt of the form by RCPI, its approval and the entering of the new Fellow’s name in the Fellows’ Roll book