



Faculty of Homeopathy

MFHom PART 2 EXAMINATION

Application for the May/June 2008 sitting

IMPORTANT

- Applicants must read the accompanying document *Membership Examination Guidelines 2008* before completing this application form. Applications which are incomplete or do not provide the information requested in the regulations cannot be accepted.
- If you are uncertain about how to complete this form is it important that you contact the Academic Office (contact details below) for assistance *before the closing date* for submission of applications.

PLEASE WRITE LEGIBLY IN BLACK INK

Name

Address

Telephone

Home:	Work:
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Fax

Email*

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

Candidates should refer to page 7 of *Membership Examination Guidelines 2008* when completing the following sections of the application form.

SECTION 1: SUCCESS IN THE MFHOM PART 1 EXAMINATION (guidelines: page 7)

Date passed Part 1

SECTION 2: CLINICAL EXPERIENCE IN HOMEOPATHY (guidelines: page 7)

This application must be supported by a signed testimonial (refer to page 7 of *Membership Examination Guidelines 2008*) which shows evidence of at least 6 months clinical experience involving the use of homeopathic medicine since passing Part 1.

My testimonial is enclosed with this application form

SECTION 3: CASE HISTORIES (guidelines: page 7)

TWO copies of 10 case histories, with a critical evaluation of each must be presented with this application form. Candidates should refer to pages 10-11 and 26-32 of *Membership Examination Guidelines 2008* 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 confirm that I have 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 rank your choice of examination venue in order of preference, 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. *You must complete all boxes.*

Bristol 16th May

or I have been employed
at this hospital

London 23rd May

or I have been employed
at this hospital

Glasgow 6th June

or I have been employed
at this hospital

PAYMENT DETAILS

The fee for Part 2 is £260. Candidates who are re-sitting the Part 2 examination and have previously passed the case history section will pay a reduced fee of £225.

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 clinical examination.

My cheque for £260 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 £225 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: 0870 444 3955
Fax: 0870 444 3960
Email: info@truthorhomeopathy.org

CLOSING DATE

The completed application form and full examination fee must be received at the Faculty Academic Office no later than 7th March 2008. 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