

The Society of Apothecaries of London (SAL)

Diploma in Medical Jurisprudence (DMJ) – Part II

Application Form: January 2011

- Please read the explanatory notes overleaf **BEFORE** completing the form.
- Please complete **ALL** sections and ensure that you date and sign the Agreement.
- Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- Send your application to the Exams Office to **arrive** no later than the published closing date (below).
- All personal information held by the Examinations Department of the Society of Apothecaries of London will be held in accordance with the Data Protection Act 1998 and the Freedom of Information Act 1998. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be used for this purpose.

Application closing date: 1700 on Tuesday 16 November 2010

Please note – applications received after this date will NOT be accepted.

FOR OFFICE USE ONLY			
Casebook	<input type="text"/>	Clin/Path	<input type="text"/>
Experience	<input type="text"/>		
Approved on behalf of the Court of Examiners:			
Registrar:	_____		
Date:	_____		
Date	<input type="text"/>		
Complete?	<input type="text"/>		
Payment	<input type="text"/>		
	<input type="text"/>		
CANDIDATE NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1a – Personal details (please use BLOCK CAPITALS): see notes 1.1 – 1.2

Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL or DENTAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll.

TITLE _____

SURNAME/FAMILY/LAST NAME _____

FORENAME(s) _____

CORRESPONDENCE ADDRESS _____

Town _____ Postcode _____ Country _____

CONTACT DETAILS (Include area code):

Home: _____ Work: _____ Ext: _____

Mobile: _____ Fax _____

EMAIL

SECTION 1b – Completion of Part I

Please note that candidates must have passed, or been exempted from, Part I within the last **three years** (five years for candidates passing Part I prior to 31 March 2006)

DATE OF PASSING PART I (DD.MM.YY) _____

SECTION 1c – Option

I am applying for:
(Please tick)

- Clinical
 Pathology

SECTION 2 – Registration with professional body: see note 2.1

1. Are you currently registered with the General Medical Council of the United Kingdom (GMC)?*
YES / NO (please circle)

Date obtained ____ / ____ / ____ / GMC NUMBER:

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OR

2. Are you currently registered with the General Dental Council of the United Kingdom (GDC)?*
YES / NO (please circle)

Date obtained ____ / ____ / ____ / GDC NUMBER:

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* If not registered with either the GMC or GDC – please refer to Notes

SECTION 3 – Relevant appointments held (in areas relating to Medical Jurisprudence) : See note 3.1

Please indicate all previous appointments in areas relating to Medical Jurisprudence, for any part-time posts please indicate the number of sessions worked per week.

Post	Specialty	Employing authority	Dates MM/YY (from+to)	Full/Part time

SECTION 4 – DMJ (Part II) Examination Agreement – Form B

_____ [FULL NAME IN BLOCK CAPITALS]

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have read and understood the SAL Guide to the Diploma incorporating the Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted.

Data protection: I consent to the information in this form being held on the Society's database and to my name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

I have submitted the following with my signed application form, prior to the closing date (please tick where applicable):

Candidates registered with the GMC or GDC:

- Current examination fee (**OR** please tick here if you have paid via Pay Pal™)
- Casebook (2 hard copies plus an electronic copy sent via e-mail to asstreg@apothecaries.org)

Candidates NOT registered with the GMC or GDC:

- Current examination fee (**OR** please tick here if you have paid via Pay Pal™)
- Documentary evidence of Primary Medical Qualification (authenticated copy only – no originals please)
- Evidence of CURRENT registration in own jurisdiction
- Casebook (2 hard copies plus an electronic copy sent via e-mail to asstreg@apothecaries.org)

I accept that incomplete applications may lead to a delay in processing my application and may lead to it being returned.

I understand that if I withdraw or defer my application after the closing date I will forfeit a proportion of the application fee as per the Regulations and Syllabus (www.apothecaries.org).

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above, if any of the above is not correct or is not fully met the Society of Apothecaries of London reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

SIGNATURE _____

DATE ____ / ____ / ____ /
DD MM YY

Please read the SAL Guide to the Diploma (available online at www.apothecaries.org) carefully before completing this form as incomplete applications may be returned.

You are required to complete Form B if you are entering the Part II examination for the FIRST time. For entrance to Part I or for re-entrance to either section please refer to the Guide to the Diploma.

Your application must be received no later than 5.00pm on the closing date shown in the Administrative Guidance for Candidates.

APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS.

CANDIDATE NUMBER

You will be issued with a candidate number after the application closing date. This will be unique to you and will be your identification number during this examination. Please quote this number in all future correspondence with the Society.

SECTION 1: Personal details

1.1 Family/Last Name and Forename(s) Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy.

1.2 Correspondence address The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a hospital address, please also give the relevant Department. If your address changes, please notify the Examinations Office in writing as soon as possible.

SECTION 2: GMC or GDC registration

2.1 Registration If you have Full, Limited or Provisional Registration with either the General Medical Council or the General Dental Council and you appear on the relevant website (GMC: www.gmc-uk.org; GDC: www.gdc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical or dental qualification. YOU MUST however complete Section 2, Form A to include your GMC or GDC number and the date you obtained your Registration.

If you are NOT REGISTERED with the General Medical Council or the General Dental Council, you MUST submit documentary evidence of your primary medical or dental qualification (AUTHENTICATED COPY ONLY – no originals please). Furthermore you MUST submit evidence of CURRENT registration in your own jurisdiction. For further information please refer to the Guide to the Diploma (www.apothecaries.org).

SECTION 3: ELIGIBILITY

3.1 Eligibility For eligibility criteria please refer to the Guide to the Diploma.

EXAMINATION FEES

Fees are published in the **Administrative Guidance for Candidates** (available online at www.apothecaries.org) and are revised annually. Fees are likely to increase from the first examination of each year.

For payment methods please refer to the **Administrative Guidance for Candidates**.

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