

# College of Anaesthetists of Ireland



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photo  
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## Primary FCAI MCQ Examination

Date of intended Exam:

Please tick exam centre: Sultanate of Oman  Jordan  Malaysia

Surname/ Family name \_\_\_\_\_

First Name(s) \_\_\_\_\_  
(as on Medical Degree)

Gender Male  Female  Date of birth \_\_\_/\_\_\_/\_\_\_ Nationality \_\_\_\_\_

Correspondence Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel (work) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_

Fax \_\_\_\_\_

Email  
\_\_\_\_\_

### Qualification

Degree	University	City	Country	Year
.....				

Please confirm which Medical Council you are registered with: \_\_\_\_\_

Date registered with Medical Council \_\_\_/\_\_\_/\_\_\_ Reg. No. \_\_\_\_\_

PLEASE TURN OVER

**PRIMARY FCAI MCQ EXAMINATION**

**Credit Card Payment**

**Fee: €650.00**

**Candidate's full name:** \_\_\_\_\_

(as it appears on the application form)

**Name of cardholder:** \_\_\_\_\_

(as it appears on the card)

**Card No.:** |\_|\_|\_|\_| . |\_|\_|\_|\_| . |\_|\_|\_|\_| . |\_|\_|\_|\_|

Please tick: Visa  MasterCard

**Expiry Date:** \_\_\_\_/\_\_\_\_ (mm/yy)

**Security code (3-digit number on back of card):** |\_|\_|\_|

***Do not, under any circumstance, write your pin number on this form.***

**Declaration (to be signed by cardholder):**

**I authorise the exam centre to charge the equivalent of €650.00 euro for the Primary FCAI MCQ exam fee to the above credit card.**

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

**Date:** \_\_\_\_\_

**Please print and send to the centre:**

**University of Jordan  
Dr Darwish Badan  
Centre for Educational Development  
Amman, 11942  
Jordan**