

**Application for Extension to MRCPsych 1643 day Validity Period**

**Prior to completing this application form, please ensure you have read the Eligibility Criteria and Regulations for MRCPsych**

|  |  |
| --- | --- |
| **Candidate Number** |       |

|  |
| --- |
| **Your Details** |
| **Surname** |  |
| **Forename** |  |
| **Email Address** |  |

|  |
| --- |
| **Validity Period End Date:**  |
| **Reason for request** |
| [ ]  Maternity Leave | [ ]  Less Than Full Time Working |
| [ ]  Ill Health | [ ]  Out of Programme |
| [ ]  Other Exceptional Circumstances  |  |
| **Please specify below the exact dates affected and supply supporting evidence to cover these dates****From** **To** **From** **To** **From** **To** **From** **To**  |
| **Further Information:**      |
| **Are you supplying evidence to support your request** |
| [ ]  Yes | [ ]  No |
| If Yes, please give details of attached documents |
|        |

|  |
| --- |
| **Declaration**  |
| I declare that to the best of my belief the information provided by me on this form is accurate.I understand that the information given in this form will be provided to the Chief Examiner of the Royal College of Psychiatrist, in strictest confidence, for the purpose of reviewing validity periods. I consent to the College processing the information I have provided, by any means, and its use in reviewing the extension to my validity period. |
| **Signature** |       | **Date** |       |
|  |
| **Return by email to:**FAO: Dr I Hall, Chief Examinerexaminations@rcpsych.ac.uk |

