Logo, company name

Description automatically generated

CERTIFICATE OF EXPERT PRACTICE IN POINT OF CARE TESTING 2026 APPLICATION FORM

Please note that to undertake this CEP, you must have active Licentiate (LIBMS), or Member (MIBMS) or Fellow (FIBMS) status with the IBMS at the point of application and you must maintain your membership throughout the duration of the qualification.

**IBMSMembership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: Surname: Forename:**

**Date of Birth: (DD/MM/YY)**

**Job Title:**

**Please briefly outline your reason(s) for undertaking qualification:**

**Address for all correspondence including examination results:**

**Email:**

**Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment address if different from above:**

**Email:**

**Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration**

If an applicant subsequently gains the Institute’s Certificate of Expert Practice in Point of Care Testing on the basis of incorrect information, this may give them a pecuniary advantage by deception. In such circumstances the Institute may withdraw the Certificate. The onus for ensuring the full and accurate disclosure of information rests with the applicant.

* I declare that the information given in this document and in all attached forms is true and accurate.
* I understand that failure to disclose full information or any deliberate misrepresentation of information can be a serious matter and will invalidate my application.
* In providing IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website [here.](https://www.ibms.org/privacy-notice/)

Signature of Applicant: Date:

Signature of Manager**[[1]](#footnote-1)**: Date:

# Payment Details

**Purchase Order**

Please invoice my employer

Purchase Order (PO) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the actual Purchase Order **must** be provided rather than just the number and the PO should accompany the completed application form

(**PLEASE NOTE THAT PRIORITY WILL BE GIVEN TO APPLICATIONS THAT ARE SUBMITTED WITH THE PURCHASE ORDER DOCUMENT INCLUDED.)**

**Card Payment**

I wish to pay by credit / debit card

For security reasons rather than providing your card details on this form we will contact you via telephone on receipt of this form to get that information.

Completed forms together with the examination fee of **£812** should be submitted to

[examinations@ibms.org](mailto:examinations@ibms.org)

Please note: *Places for the course are limited to a maximum of 60 in 2026 and will be allocated strictly on the order in which completed applications forms arrive at the IBMS.*

1. A signature of a manager is not required if the applicant is paying the examination fee [↑](#footnote-ref-1)