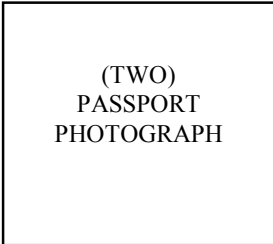


WEST AFRICAN COLLEGE OF SURGEONS



APPLICATION FOR PART I and PART II (FINAL) FELLOWSHIP EXAMINATIONS

FOR OFFICIAL USE ONLY

Date Received _____ Amount Paid _____ Teller No. _____
 Receipt No. _____ Approved By _____ Examination No. _____

FACULTY:

PART : **DATE OF EXAMINATION:**

GENERAL INFORMATION

1. **SURNAME** (in *BLOCK* letters)
2. **OTHER NAMES:**
3. **MAIDEN NAME:** (if any)
4. **DATE OF BIRTH:** **Sex:** **Nationality:**
5. **ADDRESS:** (to which Examination notice should be sent)

5. **E-mail address:** **Tel. No.**.....

Instructions and Notices

- a. *This form, when fully completed, must be returned as early as possible but not later than the advertised closing date to the Secretary General, WACS, 6 Taylor Drive, Off Edmund Crescent, PMB 1067, Yaba, Lagos State – Telephone No. 01-7737019*
- b. *All Payments should be made at any **FIRST BANK NIGERIA Plc** Branch with **ONLINE** facilities in Nigeria. Candidates should pay into Account No. 3162010038711 in the name of **WEST AFRICAN COLLEGE OF SURGEONS**” Candidates must indicate their names in the Teller Column ‘Paid By’ and also indicate the Faculty, & Part. The duplicate copy of the teller be submitted along with the Examination Application Form to the College Secretariat. It is the duty of the candidate to find out the equivalent of the Examination Fee in his/her home currency at the time of submission of the application.*
- c. *Copies of relevant professional certificates (see items 7, 8, 9 below), Log Books(Parts I & II), Case Book/Dissertation – (Anaesthesia, Dental Surgery & Obstetrics & Gynaecology), two passport size photographs, Bank Teller indicating – Name - Part & Faculty and Three self addressed stamped envelopes must be attached.*
- d. *Deferment of examination after submission of forms or cases of application for refund are no longer acceptable.*

SPECIFIC DETAILS

6. Faculty Examination for which candidate wishes to appear (*Please Mark X in the appropriate Box*)

	Faculties		Sub-Speciality (<i>where applicable</i>):
1.	ANAESTHESIA		
2.	DENTAL SURGERY		
3.	OBSTETRICS & GYNAECOLOGY		
4.	OPHTHALMOLOGY		
5.	OTORHINOLARYNGOLOGY		
6.	RADIOLOGY		
7.	SURGERY		

7. Medical School Attended & Year of Graduation:

.....

8. Institution(s) & Dates of Postgraduate Training (*attach Certificate(s) of Training*):

1.
2.
3.

9. Date of previous Fellowship Examinations passed: (*attach photocopies of Certificates or Notice of Results*)

Primary

Part I

10. Any previous attempt at this Examination ? Yes/No.

- If yes, list dates:*
- | | |
|---------|---------|
| 1. | 3. |
| 2. | 4. |
| 5. | 6. |

11. Signature of Candidate (*with date*):

12. Name of Head of Department:

13. Signature of Head of Department (*with date*):

RECOMMENDATION

Recommendations by Two **Fellows** in good standing with the College at least **ONE** of whom must be a Fellow of the relevant Faculty:

A. *I hereby certify that is personally known to me and I consider him/her to be in every way suitable for admission into the Fellowship examination of the College.*

..... <i>Name</i> <i>Signature</i> <i>Date</i>
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B. *I hereby certify that is personally known to me and I consider him/her to be in every way suitable for admission into the Fellowship examination of the College.*

..... <i>Name</i> <i>Signature</i> <i>Date</i>
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FORM C
WEST AFRICAN COLLEGE OF SURGEONS
CERTIFICATE OF TRAINING

NAME:

PRESENT POSTAL ADDRESS:

FACULTY/SPECIALISATION **TRAINING INSTITUTION:**.....

	Posting/Appointment	Date Commenced	Duration of Training	Name and Signature of Supervising Consultant (with dates)	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I certify that the information given above is correct to the best of my knowledge.

.....
CANDIDATE
(Signature & Date)

.....
HEAD OF DEPARTMENT
(Signature, name, date and Official Stamp)

.....
DEPARTMENT OF TRAINING/MEDICAL DIRECTOR
(Signature, Name, Date and Official Stamp)

- NOTES:**
1. *It is the duty of and responsibility of the candidate/trainee to acquaint himself/herself of the current rules on the type, duration and minimum number of rotations required before admission into any part of the Fellowship examinations in his/her speciality.*
 2. *Where candidate/trainee trains in more than one institution, a certificate of training must be obtained from each Institution.*
 3. *Photocopies of certificates previously submitted to the College may be appended to newly obtained certificate(s).*