

WEST AFRICAN COLLEGE OF SURGEONS

APPLICATION FOR PRIMARY, PARTS I & II FELLOWSHIP AND DIPLOMA EXAMINATIONS

DOCUMENTS INCLUDED CONTROL FORM

TO ALL CANDIDATES

NAME:..... FACULTY.....

SPECIALTY..... PART.....

Kindly tick [✓] below, all documents that you have included in the application package and return this with your application form.

- Completed form (*Properly filled and endorsed*)
- Preferred Centre (Tick[✓] as appropriate) (**Abuja**), (**Accra**), (**Ibadan**) (**Enugu**), (**Kumasi**)
- Full Registration with MDCN (or Evidence of Payment)
- Original copy of **UBA, Payment Teller, into Account number 1014816816 in the name of “WEST AFRICAN COLLEGE OF SURGEONS”.**
- Primary - ₦50,000.00
- DA - ₦50,000.00
- Part One - ₦65,000.00
- Part Two - ₦120,000.00
- Two passport size photographs (ALL)
- Three self-addressed envelopes with sufficient postage stamps. (ALL)
- Evidence of attendance of revision/update course(s) (where applicable for Parts I & II)
- Evidence of Registration as Surgeon in Training (Compulsory for Part One candidates)
- Copy of MBBS certificate (Primary)
- Photocopy of **Log Book** - Parts I & II (**BRING ORIGINAL TO THE EXAM HALL**)
- Evidence of Exemption from Primary Examination (Part One).
- Evidence of having passed Primary Examination (Part One)
- Evidence of having passed Part I Examination. (Part Two)
- Evidence of attendance of at Manuscript Writing Workshop(Part II)
- Have you written your own name in the column of “Paid by” on the Teller?*
- Have you filled in your subspecialty on item no.6 of Parts I &II form?(Part II)*
- Have you written the Faculty and Part of the examination you are applying for on the Teller?*
- Your Tel:..... E-mail.....*

NB:

1. Please ensure that you pay into the College **UBA** correct **account number 1014816816 in the name of “West African College of Surgeons”**. **NOT WACP OR WAPMC**
2. Deferment of examinations is NOT ACCEPTABLE.
3. Primary Examination in **ALL FACULTIES** is now MCQ ONLY
4. Closing date for submission of completed application forms is **January 09, 2015**.
NO LATE SUBMISSION WILL BE ACCEPTED.
5. ***Applications and Dissertations submitted later than January 9, 2015 would not be processed.***
6. ***ANY CANDIDATE THAT DOES NOT MEET ALL THE REQUIREMENTS AS AT THE CLOSING DATE WILL NOT BE ALLOWED TO SIT THE EXAMINATIONS***
7. Examination Office telephone number is **08172011629** e-mail addresses are info@wacs-coac.org

Candidate's name & Signature

Dr. J.O. Olatosi, FWACS
Secretary General