WEST AFRICAN COLLEGE OF SURGEONS

4, HARVEY ROAD
YABA, LAGOS

CERTIFICATION
FOR PRIMARY & DA

1. **CANDIDATE`S NAME ……**

2. **FOR THE CANDIDATE'S CURRENT HEAD OF DEPARTMENT *or* SUPERVISING CONSULTANT**

I certify that the Dr ……...has satisfactorily worked in my Department/Unit

from ..... to .....

Signature:..... **Date**: .....

Qualifications: .....

Full Name: .....

Address: .....

.....

3. . COLLEGE FACULTY TO WHICH APPLICATION IS BEING MADE. (*MARK **X** IN THE APPROPRIATE BOX*).

WACS Faculties	
	ANAESTHESIA
	DIPLOMA IN ANAESTHESIA
	DENTAL SURGERY
	OBSTETRICS & GYNAECOLOGY
	ORTHOPAEDICS
	OPHTHALMOLOGY
	OTORHINOLARYNGOLOGY
	RADIOLOGY
	SURGERY