



WEST AFRICAN COLLEGE OF SURGEON

6, Taylor Drive, Off Edmund Crescent Yaba
081-72011627, 081-72011630

REQUIREMENTS FOR SURGEON-IN-TRAINING OF THE WEST AFRICAN COLLEGE OF SURGEONS

1. Surgeon-in-Training form duly completed
2. Passport Photograph
3. Evidence of having passed Primary Examination of West African College of Surgeons or equivalent Colleges
4. Certificate of Full Registration with the Medical & Dental Council of the Resident Country of Applicant.
5. Current Annual Practicing License Certificate
6. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians)
7. Evidence of change of name.
8. Photocopy of MBBS Degree Certificate
9. Surgeon-In-Training Fee - N80,000 (***eighty thousand naira only***)
10. Account Name - West African College of Surgeons
11. Account No - 1014229919
12. Name of Bank - UBA, LUTH Branch

It is mandatory that the Surgeon-in-Training Form must be completed and processed IMMEDIATELY at the start of Residency Training Programme. Failure to do so will disqualify candidates from sitting the Fellowship Examination of West African College of Surgeons

