AUTHENTICATION FORM FOR PART I & PART II (FINAL) FELLOWSHIP EXAMINATIONS

1. SURNAME (in BLOCK letters) .................................................................

2. OTHER NAMES: ...................................................................................

3. MAIDEN NAME: (if any) ................................................................. Training Institution

4. FACULTY / SPECIALTY ......................................................... PART

5. SPECIFIC DETAILS

   Faculty Examination for which candidate wishes to appear (Please Mark X in the appropriate Box)
   
<table>
<thead>
<tr>
<th>Faculties</th>
<th>Tick (X)</th>
<th>Sub-Speciality (where applicable):</th>
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<tbody>
<tr>
<td>1. ANAESTHESIA</td>
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<td>2. DENTAL SURGERY</td>
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<td>3. OBSTETRICS &amp; GYNAECOLOGY</td>
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<td>4. OPHTHALMOLOGY</td>
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<td>5. OTORHINOLARYNGOLOGY</td>
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<td>6. RADIOLOGY</td>
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<td>7. SURGERY</td>
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6. Signature of Candidate (with date): ..............................................................

7. I declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the examination and other sanctions.

   Candidate’s Signature .......................................................... Date: ......................................

8. Name of Head of Department: ..........................................................................

9. 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.

   .............................................. Signature ................................. Date

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.

   .............................................. Signature ................................. Date
**WEST AFRICAN COLLEGE OF SURGEONS**  
**CERTIFICATE OF TRAINING**

**OCTOBER 2018 EXAMINATIONS APPLICATION-PARTS I & II**  

**NAME:** .................................................................................................................................................................................. ..........................................................................................................................

**PRESENT ADDRESS:** ........................................................................................................................................................................

**FACULTY/SPECIALITY:** ........................................................................................................................................................................

**TRAINING INSTITUTION:** ........................................................................................................................................................................

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<tr>
<th>Posting/Appointment</th>
<th>Date Commenced (dd/mm/yyyy)</th>
<th>Date Completed (dd/mm/yyyy)</th>
<th>Duration of Training</th>
<th>Name and Signature of Supervising Consultant (with dates)</th>
<th>Remarks</th>
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_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)  

**HEAD OF TRAINING INSTITUTION/CHIEF 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 should be appended to newly obtained certificate(s).