

WEST AFRICAN COLLEGE OF SURGEONS
APPLICATION FOR PARTS 1 & 11 FELLOWSHIP AND DIPLOMA EXAMINATIONS

DOCUMENTS INCLUDED CONTROL FORM **For April 2017 Examinations**

THIS FORM IS FOR DIPLOMA IN ANAESTHESIA, PART 1 & PART 2 APPLICANTS ONLY

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,(DA, Parts I & II, Tick as appropriate) (**Accra**), (**Ibadan**)
- 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”.
- DA - ₦110,000.00
- Primary (to register & Pay online) - ₦110,000.00
- Part One - ₦160,000.00
- Part Two - ₦200,000.00
- 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)
- 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)
- Evidence of attendance of Ethics & Management Course (PartII)
- Evidence of change of Name(where applicable)
- 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 pats I &II form?(Part II)*
- Have you written the Faculty and Part of the examination you are applying for on the Teller?*
- Have you submitted your original logbook if you are first time applicant for Parts I or II Surgery?*
- 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 WACS OR WAPMC**
2. Deferment of examinations is NOT ACCEPTABLE.
3. Closing date for submission of completed application forms is **January 13, 2017. NO LATE SUBMISSION**
4. Examination Office telephone number is **08172011629** e-mail addresses are info@wacscoac.org

Candidate’s name & Signature

Dr J.O Olatosi, FWACS
Secretary General