



## WEST AFRICAN COLLEGE OF SURGEON

6, Taylor Drive, Off Edmund Crescent Yaba

081-72011627, 081-72011630

### REQUIREMENTS FOR APPLICATION FOR EXEMPTION FROM PRIMARY FELLOWSHIP EXAMINATION

1. Application letter addressed to the Secretary General  
(with contact address, phone number and e-mail address)
2. Evidence of having passed Primary Examination from equivalent Colleges  
(Success Letter)
3. Certificate of Full Registration with the Medical & Dental Council of the Resident Country of Applicant.
4. Current Annual Practicing Licence Certificate
5. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians).
6. Evidence of change of name published in the News Paper. (If any)
7. Photocopy of MBBS Degree Certificate
8. Surgeon-in-Training Form (to be downloaded from [www.wacsoac.org](http://www.wacsoac.org))
9. Evidence of payment of Surgeon-in-Training Form – Original teller of **N80,000 (Eighty thousand naira)**
10. Exemption fee - Original teller of **N300,000 (three hundred thousand naira only)**

#### Payment Details

Bank - UBA, LUTH Branch  
Account No - 1014229919  
Account Name - West African College of Surgeons

***Processing of Exemption from West African College of Surgeons Primary must be completed one (1) year before the intended date of sitting the Part I WACS Fellowship Examination.***

***Surgeon-In-Training form and evidence of payments must be attached to your Application for Exemption***