



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 Practising Licence Certificate
5. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians)
6. Evidence of change of name.
7. Photocopy of MBBS Degree Certificate
8. Exemption fee - N150,000 (**one hundred and fifty thousand naira only**)
9. Account Name - West African College of Surgeons
10. Account No - 1014229919
11. Name of Bank - UBA, LUTH Branch

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

