

WEST AFRICAN COLLEGE OF SURGEONS



ENDORSEMENT FORM FOR POST FELLOWSHIP CERTIFICATE 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)

	Faculties	Tick (X)	Sub-Speciality (where applicable):
1.	OBSTETRICS & GYNAECOLOGY		
2.	SURGERY		

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.

.....
Name 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.

.....
Name Signature Date

WEST AFRICAN COLLEGE OF SURGEONS

CERTIFICATE OF TRAINING



NAME:

PRESENT ADDRESS:Post Fellowship in

FACULTY/SPECIALITY TRAINING INSTITUTION:.....

	Posting/Appointment	Date Commenced (dd/mm/yyyy)	Date Completed (dd/mm/yyyy)	Duration of Training	Name and Signature of Supervising Consultant (<i>with dates</i>)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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.*