WEST AFRICAN COLLEGE OF SURGEON  
6, Taylor Drive, Off Edmund Crescent Yaba  
081-72011627, 081-72011630

REQUIREMENTS FOR SURGEON-IN-TRAINING OF THE  
WEST AFRICAN COLLEGE OF SURGEONS

1. Surgeon-in-Training form duly completed
2. Passport Photograph
3. Evidence of having passed Primary Examination of West African College of Surgeons or equivalent Colleges
5. Current Annual Practicing License Certificate
6. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians)
7. Evidence of change of name.
8. Photocopy of MBBS Degree Certificate
9. Surgeon-In-Training Fee - N80,000 *(eighty thousand naira only)*
10. Account Name - West African College of Surgeons
11. Account No - 1014229919
12. Name of Bank - UBA, LUTH Branch

*It is mandatory that the Surgeon-in-Training Form must be completed and processed IMMEDIATELY at the start of Residency Training Programme. Failure to do so will disqualify candidates from sitting the Fellowship Examination of West African College of Surgeons*