

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

**DOCUMENTS INCLUDED CONTROL FORM**

**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 - ₦65,000.00
- Primary ( to register & Pay online) - ₦65,000.00
- Part One - ₦90,000.00
- Part Two - ₦130,000.00
- 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?*
- 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 15, 2016. NO LATE SUBMISSION**
4. Examination Office telephone number is **08172011629** e-mail addresses are info@wacscoac.org

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Candidate’s name & Signature

**Dr J.O Olatosi, FWACS**  
*Secretary General*