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. Evidence of having passed Primary Examination of West African College of Surgeons or equivalent Colleges
3. Certificate of Full Registration with the Medical & Dental Council of the Resident Country of Applicant.
5. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians)
6. Evidence of change of name.
7. Photocopy of MBBS Degree Certificate
8. Surgeon-In-Training Fee - N40,000 *(forty thousand naira only)*
9. Account Name - West African College of Surgeons
10. Account No - 1014229919
11. 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.*