

FCS Registration

College of Surgeons of East, Central and Southern Africa - FCS(ECSA) Diploma
Training Registration Form

Affix passport
sized photo here

Part A to be filled in by trainee then given to Country Training Coordinator along with
3 passport sized photos and a copy of your MCS certificate or exemption documents

Surname (in capitals).....First names.....

Date of birth.....Sex M / F

Address.....
.....

Telephone.....fax.....email.....

I am applying for registration as a higher surgical trainee with the College of Surgeons of East, Central and Southern Africa in the following discipline: General Surgery / Orthopaedics (please delete where inapplicable)
I agree to submit to the rules and regulations set by the College for the FCS diploma. I plan to do my training in the following hospitals:

I understand that the membership exam will comprise MCQ/written section, a clinical, and an oral section. I understand that I may have to travel to another country in the region to sit the exam. I also understand that examination fees, transport to and from the examinations, and accommodation are my own responsibility.

Date of medical qualification (eg MBBS).....

Date of full registration in own country, and registration number.....

Date of obtaining MCS or equivalent (with details if not the MCS).....

Signed..... date

Part B to be filled in by Country Training Coordinator

I certify that the above candidate is in my opinion ready for higher surgical training in the above specialty and that his/her qualification certificates are genuine. I have issued the following: (tick when done)

- 1 a COSECSA training number which is(do not issue a new number if the trainee already has a training number)
- 2 a booklet of FCS exam regulations & syllabus in the appropriate specialty
- 3 a list of recognised posts
- 4 a log book with passport photo inside
- 5 six sets of trainer and trainee assessment forms
- 6 an exam application form

signed..... date.....

Name in Capitals

Please open a file for this candidate and keep this form safely. Send a copy of this form with an attached passport photo to: COSECSA Examination Dept, PO Box 1009, Arusha, Tanzania. Fax: (+ 255) 27 2504125 email: cosecsa@crhcs.or.tz