



Application Form: COECSA Fellowship Examination

Surname (Last name) _____ First name _____
 Date of birth _____ Sex _____
 Nationality _____ Email _____
 Telephone _____ Address _____

Fellowship Training (if any)

Institution (start with latest)	Period		Discipline
	From	To	

Postgraduate Training

Institution (start with latest)	Period		Discipline
	From	To	

Internship /Pre-registration Training

Institution (start with latest)	Period		Award
	From	To	

Basic Medical Training:

Institution	Period		Award
	From	To	

Employment Record

Institution (start with latest)	Period		Position held
	From	To	

Under which regulatory body (council /board) are you currently registered as a Medical practitioner?

Are you registered as a Specialist? Yes/No

If yes, by what regulatory body?

Please note that candidates must submit certified copies of their academic and registration certificates as evidence of their eligibility to sit this examination.

I declare that the information given above is true and correct.

.....
 Applicant's name _____ Signature _____

Date

The fee for sitting COECSA Fellowship examination is **USD 250**. Payments should be made by bank transfer to **COECSA** as per details provided in the information pack upon acceptance.

The filled application form must be returned to the COECSA Secretariat, Regent Court, Block A, Suite A7, Argwings Kodhek Road, Hurlingham, P.O Box 4539 – 00506, Nairobi or via email to exams@coecea.org