

**Application form: COECSA Fellowship Examination**

Surname \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Telephone \_\_\_\_\_

Other names \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_

**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 candidates must submit certified copies of their academic and registration certificates in 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 140**. Please make cheques payable to "COECSA".

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 [information@coecea.org](mailto:information@coecea.org).