



COLLEGE OF PATHOLOGISTS OF EAST CENTRAL AND SOUTHERN AFRICA (COPECSA)

APPLICATION FORM

Please fill in by typing or printing legibly in black ink all the requested information as you would like it to appear in your COPECSA database record.

PERSONAL DATA

First Name: _____ Middle Initial : _____

Last Name: _____ Gender: Male Female

Date of Birth (DD/MM/YYYY) : _____

HOME ADDRESS

Home Address: _____ Plot/House number: _____

Street/Road name: _____ Town/City: _____

County (if applicable): _____ District (if Applicable): _____

Province or State (if Applicable): _____ Country: _____

Telephone number (include country code): _____ E-mail address: _____

BUSINESS ADDRESS *(Preferred mailing address for correspondence)*

Institution Name: _____

Physical Address: _____ P.O. Box/Zip Code: _____

City/Town: _____ State (if applicable) Country: _____

Business phone number (Include country code): _____ Cell phone number: _____

E-mail address: _____

MEDICAL TRAINING

START YEAR	END YEAR	INSTITUTION/UNIVERSITY	COUNTRY	QUALIFICATIONS

OTHER TRAINING

START YEAR	END YEAR	INSTITUTION/UNIVERSITY	COUNTRY	QUALIFICATIONS

Physicians and scientists with a relevant postgraduate qualification and or have taken and passed their country’s certifying Pathology exam (if there is one established), are eligible. Candidates for membership shall be submitted to the credentialing committee of COPECSA for acceptance.

a) Is there a certifying pathology board in your country? Yes No

b) Are you certified by any pathology board? Yes No

c) Date when you began practicing pathology (MM/YYYY): _____

If yes to c, please fill in name of certifying board and date of certification below

d) What is your pathology specialty: _____

e) What is your registration number with your Medical Council: _____

REFEREES

Please provide Names of two registered pathologists who have agreed to act as your referees, and provide their contact details

Referee: (Name and contact details)

Referee: Name and contact details

PRACTICE RESTRICTIONS

1. Have you ever been convicted of a felony or entered a plea of nolo contendere? (If yes, please provide details on a separate page. Indicate the felony, jurisdiction, date of conviction, and any other relevant information.)
 Yes No
2. Have you ever had your medical license revoked or suspended, or surrendered your license to avoid revocation or suspension? (If yes, please provide details on separate page)
 Yes No
3. Have you ever had your hospital privileges revoked, suspended, or limited, or ever relinquished privileges to avoid revocation, suspension, or limitation? (If yes, please provide details on separate page)
 Yes No
4. Are you currently the subject of a criminal action, licensure proceeding, credentialing matter, or other proceeding that might bear on your qualifications to be a member of the College of Pathologists of East central and Southern Africa? (If yes, please provide details on separate page)
 Yes No

PAYMENT INFORMATION

To pay by cash, electronic funds transfer or bankers cheque.

- USD 200.00 Application fee (non-refundable)
- USD 100.00 Late Application fee (non-refundable)

ACCOUNT DETAILS

Account Name: College of Pathologists East Central and Southern Africa

Account Number: 3300980496

Branch code: 4605

SWIFT/BIC/ Bank Code: KCBLTZTZ

Bank: KCB Bank Tanzania Limited

Branch: Arusha,

Country: Tanzania

RETURNING THE FILLED APPLICATION FORM

Return the filled application form by electronic mail and attach evidence of payment to info@copecsa.org

If you have any questions regarding your application or the application process, please do not hesitate to contact us.