



Joint Surgical Colleges Fellowship Examination

Applicant Guidance Notes for Online Application

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Revision

Revision	Date	Description	Author
1.0	10 Jan 13	Draft User Guide	AM
1.1	22 Mar 13	Updated Terms and Conditions	AM
2.0	17 Apr 13	Affiliation details updated	AM
2.1	17 Feb 14	Page 10 – added details	AM
2.2	29 Jan 18	Update screenshots to reflect updated process	JW
2.3	17 Jan 22	Update to reflect new payment system	AM
2.4	9 Jan 2023	Updated Terms and Conditions	AM

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promoting surgical excellence

THE JOINT SURGICAL COLLEGES FELLOWSHIP EXAMINATION

JSCFE

WELCOME

IMPORTANT: Update regarding examinations
Please visit the [JSCFE News](#) page for an update on examinations.

WHAT YOU WILL NEED AT TIME OF APPLICATION
You are advised to read the following before making your application

1. Examination Regulations
2. Published Syllabus
3. Applicant Guidance Notes

You will need the following to make your application:

1. Debit/Credit Card
2. Medical Qualification - year/country obtained
3. MRCS – month/year obtained [if applicable]
4. Three signed Structured References (pdf format)
5. Curriculum Vitae (pdf format)
6. Operative Summary (pdf format)
7. Photocopy of your passport (pdf format)
8. Pearson VUE test centre - you will be asked to select your preferred test centre location from a drop-down option list

You are advised to read the [examination regulations](#) and refer to the [published syllabus](#) before making your application.

[Click to view the calendar.](#)

Welcome to the UK and Ireland Joint Surgical Colleges Fellowship Examinations' (JSCFE) website.

The four Surgical Royal Colleges (Edinburgh, England, Glasgow & Ireland) has introduced of a new suite of Intercollegiate Fellowship Examinations for the international surgical community.

The application process for the following specialties is live:

- Cardiothoracic
- General Surgery
- Neurosurgery
- Otolaryngology (newly launched 1 August 2019)
- Trauma & Orthopaedic
- Urology

Full details regarding the subsequent launch of other specialties will be posted on the JSCFE and all four Surgical College websites.


The JSCFE will assess applied knowledge and clinical skills to the same standard as the UK and Ireland Intercollegiate Specialty Examinations. The JSCFE is aimed at surgeons in the international community who are about to, or who have recently completed their training. Whilst it is not currently mandatory for applicants to have passed the MRCS, those holding MRCS have proved more successful in both Section 1 and Section 2 of the JSCFE held to date.

Prospective applicants should, however, note that the Intercollegiate Specialty Examinations and the JSCFE are not equivalent. It is only Intercollegiate Specialty Examinations that are regulated by the General Medical Council (GMC) and it is therefore only Intercollegiate Specialty Examinations that are recognised by the GMC and Medical Council in Ireland as the test of knowledge within the approved surgical curricula. As such, success in an Intercollegiate Specialty Examination may be used by applicants for a Certificate of Eligibility for Specialist Registration (CESR) to demonstrate knowledge equivalent to that of a holder of a Certificate of Completion of Training (CCT). Any other test of knowledge (including JSCFE) which is presented within a CESR application must be accompanied by a portfolio of further evidence of knowledge to demonstrate equivalence to a CCT holder. The depth and breadth of the necessary evidence within the portfolio will depend on which test of knowledge is being offered in place of the Intercollegiate Specialty Examination. The specialty-specific guidance on the GMC website has further details.

All prospective JSCFE entrants should therefore carefully reflect on their career aims and objectives in conjunction with their Principal Referee prior to examination application.



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



Royal College
of Surgeons
of England



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



RCSI

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Private Area

CANDIDATES

REGISTER

REGISTER

All fields marked * are mandatory.

Enter Email address *	<input type="text"/>
Choose a password *	<input type="password"/> ?
Confirm password *	<input type="password"/>
Security question:	What is your town of birth? ▼
Security answer *	<input type="text"/>

Create Account

Populate the profile

Private Area

PROFILE

PERSONAL DETAILS

CONTACT DETAILS

HOSPITAL DETAILS

AFFILIATION DETAILS

APPLICATIONS

CURRENT APPLICATION

DOCUMENT UPLOADS

APPLICATION HISTORY

FINANCIAL HISTORY

PAYMENT HISTORY

PAYMENT REQUESTS

MAINTENANCE

CHANGE PASSWORD

CHANGE LOGIN EMAIL

RECOVER PASSWORD

MY PROFILE - PERSONAL DETAILS

Please ensure you enter your name as it appears on your passport.

All fields marked * are mandatory.

Title

Mr

Now please enter your Surname/Last Name and Given Names/Other Names as you would like them to appear on any examination certification:

Surname/Last Name *

Initials

Given Names/Other Names *

Now, for the purposes of Registration at the Pearson VUE testing centre for the Section 1 Examination, we also require you to enter your Surname/Last Name and Given Names/Other Names as they appear on your current Passport :

Surname/Last Name *

Given Names/Other Names *

DOB *

Gender *

Please select...

Section 1 Examination - test centre country location (in order of preference):

First choice *

Choose a Test Centre.....

Second choice *

Third choice *

Current Post

Date Commenced

Are your day-to-day activities limited because of a health or disability which has lasted, or expected to last, at least 12 months? *

Please Select

Continue...

Are your day-to-day activities limited because of a health or disability which has lasted, or expected to last, at least 12 months? *

Yes

Do you require any adjustments to be made?

Please Select

Continue...

Do you require any adjustments to be made?

Yes

Summary of adjustments requested:

Please download, complete and return this form

Continue...

Enter your surname/last name as you wish them to appear on a certificate


Enter your surname/last name as you they appear on your passport

Nominate 3 preferred test centre country locations for the Section 1 exam here, in order of preference

If you choose 'Yes', a new question will appear.

If you choose 'Yes', an input box will appear allowing an adjustment summary to be entered. A new link to a document will appear. This document **must** be completed and returned to the JSCFE

Private Area

PROFILE	MY PROFILE - CONTACT DETAILS
PERSONAL DETAILS	Please complete the form below with your contact details.
CONTACT DETAILS	All fields marked * are mandatory.
HOSPITAL DETAILS	Correspondence Address Home ▾
AFFILIATION DETAILS	Address1 * <input type="text"/>
	Address2 <input type="text"/>
APPLICATIONS	Address3 <input type="text"/>
CURRENT APPLICATION	Address4 <input type="text"/>
APPLICATION HISTORY	City * <input type="text"/>
	Region <input type="text"/>
FINANCIAL HISTORY	Post Code * <input type="text"/>
PAYMENT HISTORY	Country Please Choose... ▾
PAYMENT REQUESTS	Tel * <input type="text"/>
MAINTENANCE	Mobile <input type="text"/> 
CHANGE PASSWORD	Fax <input type="text"/>
RECOVER PASSWORD	Email testing@t.com
	Continue...

Please choose country from the list

Please include country code e.g. +44

Private Area

PROFILE	MY PROFILE - HOSPITAL DETAILS
PERSONAL DETAILS	Please complete the form below to update your other details.
CONTACT DETAILS	Hospital Name * <input type="text"/>
HOSPITAL DETAILS	Department * <input type="text"/>
AFFILIATION DETAILS	Address 1 <input type="text"/>
	Address 2 <input type="text"/>
APPLICATIONS	City * <input type="text"/>
CURRENT APPLICATION	Region <input type="text"/>
APPLICATION HISTORY	Post Code * <input type="text"/>
FINANCIAL HISTORY	Tel <input type="text"/>
PAYMENT HISTORY	Fax <input type="text"/>
PAYMENT REQUESTS	Continue...
MAINTENANCE	
CHANGE PASSWORD	
RECOVER PASSWORD	

Private Area

PROFILE

PERSONAL DETAILS

CONTACT DETAILS

HOSPITAL DETAILS

AFFILIATION DETAILS

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RECOVER PASSWORD

MY PROFILE - COLLEGE AFFILIATION

A candidate who is an existing Member of one of the four participating Royal Colleges (Edinburgh, England, Glasgow, Ireland) and who is successful in the Intercollegiate Specialty Examination will be promoted to the Fellowship of their college, unless they indicate another preference. Only those who are subsequently accorded and maintain the Fellowship of a College are entitled to use that College's associated post-nominals

Please click [here](#) to continue.

Private Area

PROFILE

PERSONAL DETAILS

CONTACT DETAILS

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AFFILIATION DETAILS

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CHANGE PASSWORD

RECOVER PASSWORD

MY PROFILE - COLLEGE AFFILIATION

A. I successfully completed my MRCS examinations with the following College:

College *

Date:

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College

Selecting a college enables the next part of the page

Private Area

PROFILE

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MY PROFILE - COLLEGE AFFILIATION

A. I successfully completed my MRCS examinations with the following College:

College *

Date:

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College

B2. Please complete as appropriate:

On successful completion of the Joint Surgical Colleges Fellowship Examination, I wish my Fellowship to be registered with this same College as above:

Tick/Untick to change ☒

Unticking the box presents the option to select a different college to register with after successful completion of the exam (see next page)

Private Area

PROFILE	MY PROFILE - COLLEGE AFFILIATION
PERSONAL DETAILS	A. I successfully completed my MRCS examinations with the following College:
CONTACT DETAILS	College * <input type="text" value="Edinburgh"/>
HOSPITAL DETAILS	Date: <input type="text" value="Nov"/> <input type="text" value="1999"/>
AFFILIATION DETAILS	B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:
APPLICATIONS	B1. I am currently an existing Member/Fellow of the indicated College:
CURRENT APPLICATION	College <input type="text" value="Edinburgh"/>
DOCUMENT UPLOADS	Or: On successful completion of the Joint Surgical Colleges Fellowship Examination, I wish my Fellowship to be registered with:
APPLICATION HISTORY	College <input type="text" value="Please Select..."/>
FINANCIAL HISTORY	<input type="button" value="Finish"/>
PAYMENT HISTORY	
PAYMENT REQUESTS	
MAINTENANCE	

Select college to register with after successful completion of the exam

Private Area

PROFILE	MY PROFILE - COLLEGE AFFILIATION
PERSONAL DETAILS	A. I successfully completed my MRCS examinations with the following College:
CONTACT DETAILS	College * <input type="text" value="Edinburgh"/>
HOSPITAL DETAILS	Date: <input type="text" value="Nov"/> <input type="text" value="1999"/>
AFFILIATION DETAILS	B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:
APPLICATIONS	B1. I am currently an existing Member/Fellow of the indicated College:
CURRENT APPLICATION	College <input type="text" value="Edinburgh"/>
DOCUMENT UPLOADS	Or: On successful completion of the Joint Surgical Colleges Fellowship Examination, I wish my Fellowship to be registered with:
APPLICATION HISTORY	College <input type="text" value="None"/>
FINANCIAL HISTORY	By selecting 'None' the following would apply:
PAYMENT HISTORY	In accordance with their respective Charters, only those who have applied and been accorded Fellowship of a Royal College, and subsequently maintained that Fellowship, are entitled to use that College's associated post-nominals. Success at JSCFE examinations alone, without subsequent completion of and affiliation, does not confer this right.
PAYMENT REQUESTS	<input type="button" value="Finish"/>
MAINTENANCE	
CHANGE PASSWORD	
CHANGE LOGIN EMAIL	

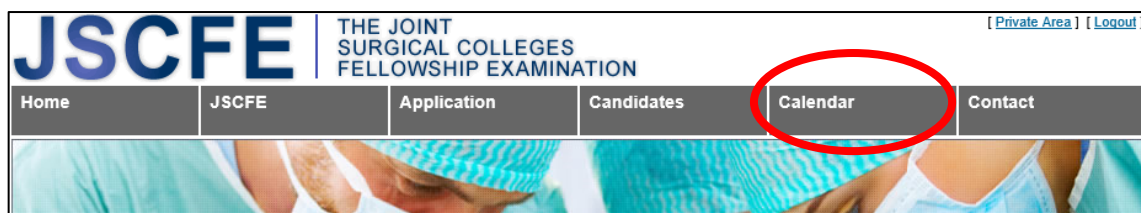
Selecting "None" displays a statement regarding affiliation

Private Area

PROFILE	MY PROFILE - COLLEGE AFFILIATION
PERSONAL DETAILS	Thank you for creating your personal profile. All communications will be by email, it is therefore important that you keep this up to date. You now need to click here to proceed with your application.
CONTACT DETAILS	
HOSPITAL DETAILS	
AFFILIATION DETAILS	
APPLICATIONS	
CURRENT APPLICATION	
DOCUMENT UPLOADS	
APPLICATION HISTORY	
FINANCIAL HISTORY	
PAYMENT HISTORY	
PAYMENT REQUESTS	
MAINTENANCE	
CHANGE PASSWORD	
CHANGE LOGIN EMAIL	
RECOVER PASSWORD	

Examination Application

To proceed with an application, please click the 'Calendar' button on the top banner



CALENDAR

Specialty:

Search Results

Exam Code	Specialty	Exam Date	Location	Online Registration/ Application & Payment Deadline	
41	Neurosurgery Section 2	21/02/2018	Colombo, Sri Lanka	20/04/2017	Apply
49	Cardiothoracic Surgery Section 2	23/02/2018	Kuala Lumpur, Malaysia	18/05/2017	Apply
44	Urology Section 1	13/03/2018	PV Test Centres	12/10/2017	Apply
53	Neurosurgery Section 1	24/04/2018	PV Test Centres	23/11/2017	Apply
51	Trauma & Orthopaedic Surgery Section 1	08/05/2018	PV Test Centres	30/11/2017	Apply
45	Cardiothoracic Surgery Section 1	22/05/2018	PV Test Centres	14/12/2017	Apply
55	Trauma & Orthopaedic Surgery Section 2	27/06/2018	Kuala Lumpur, Malaysia	14/12/2017	Apply
46	Urology Section 1	11/09/2018	PV Test Centres	12/04/2018	Apply
48	General Surgery Section 1	16/10/2018	PV Test Centres	03/05/2018	Apply
47	General Surgery Section 2	17/10/2018	Kuala Lumpur, Malaysia	12/04/2018	Apply

12

Find exam then click "Apply"

Calendar

CALENDAR

Exam:	48
Exam Date:	16/10/2018
Closing Date:	03 May 2018
Location:	PV Test Centres
Fees:	£520.00
Online Applications:	Apply
Notes:	

Click "Apply" to confirm



Private Area

CONFIRM EXAM (1/14)

*Please do not click the browser's **Back** button.*

You have chosen the following examination. If this is not correct, please re-select via the [calendar](#)

Exam:	General Surgery Section 1
Closing Date:	03 May 2018
Exam Date:	16 October 2018
Duration:	1 Day(s)
Location:	PV Test Centres

First Time Candidate

[First Time Candidate](#)

Resit Candidate

[Resit Candidate](#)

[back to exam calendar](#)

APPLYING FOR THE EXAMINATION (2/14)

*Please do not click the browser's **Back** button.*

Applying for the Examination

Eligibility

In order to be considered for eligibility, three structured references must be submitted as follows:

1. Principal referee: this should be the Head of Department or Head of the Recognised Training Committee/Programme in which you have participated
2. Referee 2: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in his/her specialty within the last two years
3. Referee 3: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in his/her specialty within the last two years

Registration and Proof of Identity

Candidates are required to present a current and valid passport. This ID must be valid on the date of the examination in question. Candidates who are unable to produce valid documentation will **NOT** be permitted into the examination.

Privacy

All personal information held by the Joint Committee on Intercollegiate Examinations (JCIE), on behalf of the four Surgical Royal Colleges of Great Britain and Ireland, will be held in accordance with the Data Protection Act of 2018. Any data collected may be exchanged between the four Surgical Royal Colleges. Data collected will not be released elsewhere without your permission.

Withdrawal from an examination

Please refer to the section on [fees and penalties](#)

☐ I confirm that I agree to the above statements.

[Continue...](#)

EXAMINATION TERMS & CONDITIONS (3/14)

Please do not click the browser's **Back** button.

Examination Terms & Conditions

The material, questions, structure and content [the 'Examination Materials'] of the examinations are confidential and the written material is also protected by copyright owned by the Joint Committee on Intercollegiate Examinations [JCIE].

By applying for this examination and by accepting the Regulations and Conditions relevant to the JCIE you confirm that if granted eligibility to enter the examination:

- ☐ You will not publish, record, reproduce or transmit all or any part of the Examination Materials and that you will not disclose any of the Examination Materials or other details of the examination to any other person without the express written prior permission of the JCIE.
- ☐ You accept that you are strictly forbidden to be in possession of any mobile communication or recording device at the time of the examination and you understand that any breach of this undertaking would be deemed an examination offence and that you would be removed from the examination and deemed to have failed the examination.
- ☐ The JCIE endeavours to ensure that all reasonable measures are taken to successfully deliver its Section 1 examinations via computer based testing. It cannot, however, accept any liability for any system/power failures that may arise in exceptional circumstances.
- ☐ In accordance with the GMC published Good Medical Practice, the JCIE reserves the right to inform the Principal Referee should there be significant concerns over performance and/or patient safety.
- ☐ All personal information held by the JCIE on behalf of the four Surgical Royal Colleges of Great Britain and Ireland, will be held in accordance with the Data Protection Act of 2018. Any data collected may be exchanged between the four Surgical Royal Colleges. If you are registered or anticipate being registered with the General Medical Council (GMC) then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs). Data collected will not be released elsewhere without your permission.

☐ I agree to the Terms and Conditions.

Continue...

CONFIRM PERSONAL DETAILS (4/14)

Please do not click the browser's **Back** button.

Please ensure that the details below are correct before you click on the Continue button. Click the Edit button to change your details.

Title:	Mr
Last Name:	Ztest
Initials:	2
Other Names:	Testing
DOB:	01 January 1961
Current Post:	Doc
Date Commenced:	01 January 2000

Edit

Continue

TRAINING STATUS (5/14)

Please do not click the browser's **Back** button.

All fields marked * are mandatory.

- ☐ I am currently in training post
- ☐ I am not in training

Continue...

QUALIFYING MEDICAL DEGREE (6/14)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Country

QUALIFYING MEDICAL DEGREE (6/14)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Country

University *

Degree obtained *

Date obtained *

Qualification name is entered here

OTHER DEGREES (7/14)

*Please do not click the browser's **Back** button.*

Qualification Name

University

Date obtained

APPLICATION DETAILS (8/14)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Passport country of issue *

Section 1 Examination - test centre country location (in order of preference):

First choice *

Second choice *

Third choice *

REFEREES (9/14)

Please do not click the browser's Back button.

All fields marked * are mandatory.

Structured References

In order to be considered for eligibility, three structured references must be submitted as follows:

1. Principal Referee: this should be the Head of Department or the Head of your Recognised Training Committee/Programme in which the applicant has participated
2. Referee 2: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in his/her specialty within the last two years
3. Referee 3: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in his/her specialty within the last two years

Principal Referee

Title	Mr ▼
Initials *	<input type="text"/>
Surname *	<input type="text"/>
Other Names	<input type="text"/>
I confirm that this referee is the Head of Department or Head of the Recognised Training Committee/Programme in which I have participated *	<input type="checkbox"/>

Referee 2

Title	Mr ▼
Initials *	<input type="text"/>
Surname *	<input type="text"/>
Other Names	<input type="text"/>
I confirm this referee is a senior clinician with whom I have worked in the last two years. *	<input type="checkbox"/>

Referee 3

Title	Mr ▼
Initials *	<input type="text"/>
Surname *	<input type="text"/>
Other Names	<input type="text"/>
I confirm this referee is a senior clinician with whom I have worked in the last two years. *	<input type="checkbox"/>

[Continue](#)

DOCUMENT UPLOAD (10/14)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

The following documents now need to be uploaded:
(PDF, Word, JPG or GIF files only. 2Mb max individual file size)

- ▶ Operative Summary
- ▶ Curriculum Vitae
- ▶ Principal Referee
- ▶ Referee 2
- ▶ Referee 3
- ▶ Copy of photo ID

Click 'Browse' to find
your saved documents

Upload a file

Browse...



Select Document

Please select a document... ▼



Add

Please upload the required documents.

Continue

EQUAL OPPORTUNITIES FORM (11/14)

Please do not click the browser's **Back** button.

The JCIE confirms its commitment to equality of opportunity in all areas of its work. All individuals will be treated in a fair and equal manner. The information gathered in this section is used to assist in monitoring the implementation and effectiveness of equal opportunities regardless of gender, marital status, race, religion, colour, age, disability or sexual orientation. The information collected will be stored and processed in accordance with Data Protection principles for the purpose of preparing anonymised statistical reports.

In line with UK legislation and good practice guidelines we ask all applicants/candidates to complete this section.

Nationality:

First Language:

Ethnic Origin:

Religion:

Sexual Orientation:

Are your day-to-day activities limited because of a health or disability which has lasted, or expected to last, at least 12 months?

Continue

If you choose 'Yes', a new question will appear.

Are your day-to-day activities limited because of a health or disability which has lasted, or expected to last, at least 12 months?

Do you require any adjustments to be made?

Continue

If you choose 'Yes', an input box will appear allowing an adjustment summary to be entered. A new link to a document will appear. This document **must** be completed and returned to the JSCFE

Do you require any adjustments to be made?

Summary of adjustments requested:

[Please download, complete and return this form](#)

Continue

DECLARATION (12/14)

*Please do not click the browser's **Back** button.*

The JCIE's default position is to send a copy of your examination feedback to you and your Principal Referee (as identified by you at application). You do, however, have the right to withdraw your consent.

However, the JCIE feels that it is very much in your own interests to share this feedback as it stimulates a discussion around areas for development either to optimise your practice as a senior trainee and Consultant, or to maximise your chances in the event of a resit. It also allows your Principal Referee to facilitate actions (for example, allocation of specific training jobs) to assist you in your development.

Please note that if you choose to withdraw your consent to have a copy of your examination feedback sent to your Principal Referee the JCIE still reserves the right to inform the Principal Referee should there be significant concerns over performance and/or patient safety. This is in accordance with the GMC published Good Medical Practice.

I agree to my feedback being shared with my Principal Referee ☒

Continue

Untick if you do NOT wish to share feedback

PAYMENT (13/14)

*Please do not click the browser's **Back** button.*

Exam Code:	48
Exam Name:	General Surgery Section 1
Exam Location:	PV Test Centres
Exam Start Date:	16/10/2018
Exam End Date:	
Payment Required (pounds sterling):	520.00

Make Payment

JSCFE

THE JOINT
SURGICAL COLLEGES
FELLOWSHIP EXAMINATION

1. Order Summary2. Order Payment3. Payment Confirmation4. Order Confirmation

Order Summary

Contact Details

Name:
Test Account

Email Address:
test@outlook.com

Mobile Number:
+4411111111

Change Mobile Number

Billing Address

3 Hill Square
Test
Edinburgh
EH8 9DR
United Kingdom

Change Address

Your Order

Order ID: 810225

JSCFE Purchase
92 General Surgery Section 1

Amount to pay£520.00

Set a valid Mobile Number before paying

Payment Help

Telephone:
+44 (0)131 662 9333

E-mail:
enquiries@jscfe.co.uk

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FELLOWSHIP EXAMINATION

Change Your Mobile Number

Update your mobile number in the form below.

* denotes required information

Mobile Number *

+44 7736 123123

Save ChangesCancel

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JSCFE

THE JOINT
SURGICAL COLLEGES
FELLOWSHIP EXAMINATION

1. Order Summary2. Order Payment3. Payment Confirmation4. Order Confirmation

Order Summary

Contact Details

Name:
Test Account

Email Address:
test@outlook.com

Mobile Number:
(+44) 7736123123

Change Mobile Number

Billing Address

3 Hill Square
Test
Edinburgh
EH8 9DR
United Kingdom

Change Address

Your Order

Order ID: 810225

JSCFE Purchase
92 General Surgery Section 1

Amount to pay£520.00

Pay

Payment Help

Telephone:
+44 (0)131 662 9333

E-mail:
enquiries@jscfe.co.uk

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Payment Details

Card Number

Expiry

Security Code

Cardholder Name

PAY NOW

256-bit SSL encrypted

Securely processed by Global Payments

Complete your payment details and click 'Pay Now'

If the payment is successful, then a payment confirmation is displayed.

You will also receive a confirmation email to your registered email address with a receipt in PDF format which you can download.

After payment confirmation, the next page is the "Finalise Application".

This is the last page of the application process.

JSCFE | THE JOINT SURGICAL COLLEGES FELLOWSHIP EXAMINATION [\[Private Area \]](#) [\[Logout \]](#)

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Private Area

FINALISE APPLICATION (14/14)

Please do not click the browser's Back button.

Thank you for making a payment. If you do not receive an email confirming your application has been received within 24 hours, please contact the JSCFE office at enquiries@jscfe.co.uk.

To finalise your application you must now click 'Complete' below.

Complete

To complete the application, click 'Complete'

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Royal College of Surgeons of England

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

RCSI

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After clicking "Complete", the website redirects back to the profile private area.