



ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

INCORPORATED

ABN 97 343 369 579

For Office Use Only

APPLICATION FOR ELIGIBILITY TO SIT MEMBERSHIP EXAMINATION IN SPECIAL FIELD STREAM For candidates completing a specialist program

Family Name				(Block Letters)
First Name				(Block Letters)
Other Names		Date of Birth	____ / ____ / ____ <small>Day Month Year</small>	
Address for Correspondence				
Telephone				
	(work)	(home)	(mobile)	(fax)
Email				
Dental Qualification				
	Degree	University	Year	

I **HEREBY** apply to be registered for admission as a candidate for the Membership Examination in the Special Field of:
(Please tick one)

<input type="checkbox"/> Endodontics	<input type="checkbox"/> Paediatric Dentistry
<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Special Needs Dentistry

i. Candidates are reminded that registration is valid only for the examination to which the candidate has been admitted.

ii. Candidates are referred to Regulations 9 and 10 of the *Regulations for Examination and Fellowship* regarding reimbursement of registration fees.

TO BE COMPLETED BY APPLICANT

I _____ HEREBY declare that I am enrolled in my final year of an Approved program leading to the degree of Master or Clinical Doctorate.
(Full Name – Block Letters)

Signature: _____ Date: _____
Unsigned applications will not be processed.

University / Institution	
Approved Program	

TO BE COMPLETED BY PROGRAM DIRECTOR / HEAD OF TRAINING

I _____ HEREBY confirm that _____ is
(Full Name – Block Letters) (Applicants Full Name – Block Letters)
 enrolled in the above Program and I anticipate clinical training will be completed by the Date: _____

NOTE: Candidate will only be deemed eligible if clinical training is completed within six months of Membership Examination

Photo ID Requirements (if you are concurrently enrolling please attach photos with the enrolment application only)

- ❖ You must provide 2 recent passport-size colour photographs of yourself together with this form
- ❖ Photographs must be signed by a guarantor as a true likeness, be clear & **LESS THAN 6 MONTHS OLD**

The RACDS accepts any of the following as guarantors:

- A Fellow of the College
- Justice of the Peace
- Staff of an Australian Diplomatic Mission
- Administrative staff of the institution which originally issued the documents
- Head of Dept of a Dental Hospital or Dental Faculty

Guarantor endorsing the back of the photographs should write:

"This is a true photo of _____ . _____

(Full name of Candidate)

(Signature & full name of Guarantor)

PAYMENT

Cheque / Money Order / Bank Draft

– PAYABLE TO THE "ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS"

Must be made in Australian Dollars drawn on an Australian Bank.

Credit Card Payment

Please debit my credit card

A\$

Visa

Mastercard

Card Number

Expiry Date

Card Holder Name

Signature: _____

Date: _____