



## FSDP01 – Assessment of Eligibility to sit Fellowship Examination in Specialist Dental Practice (SDP)

Candidates are eligible to sit the Fellowship Examination in a Specialist Dental Practice discipline if they have obtained Membership in the same discipline and have completed at least five years of documented specialist practice. Fellowship cannot be obtained via prior recognition of other qualifications or experience.

This application is to confirm eligibility to sit the examination only and must be approved by the relevant Board of Studies. Successful applicants will then need to enrol for the examination (form [FSDP02](#)).

First Name		RACDS ID <small>(if known)</small>	
Last Name			
Other Names		Date of Birth <small>(dd/mm/yy)</small>	
Email			

### Section 1 – Personal Details

- I already have a subscription or Affiliate membership – Go to Section 2**
- My details have changed – Complete only details which have changed**

Phone	M		H		W	
Mailing Address						
Principle Work Address						
Academic Qualifications	Degree	Institution			Year	
<input type="checkbox"/> I do not wish to have my details included in the members-only professional contact database						

### Section 2 – Specialist Discipline

**Please select only one**

#69	<input type="checkbox"/> Endodontics	#72	<input type="checkbox"/> Periodontics
#124	<input type="checkbox"/> Oral Medicine	#73	<input type="checkbox"/> Prosthodontics
#70	<input type="checkbox"/> Orthodontics	#19	<input type="checkbox"/> Special Needs Dentistry
#71	<input type="checkbox"/> Paediatric Dentistry	#126	<input type="checkbox"/> Dental Public Health (Community Dentistry)



### Section 3 – Attachments

- Curriculum vitae
- Evidence Portfolio which includes:
  - Log Book Summary
  - Certified\* evidence of Continuing Professional Development
  - Summary of lectures and presentations delivered
  - Research and publications
  - Professional and community service
  - Administrative responsibilities

\*Please see '[Certified Documents](#)' on the College website for details of eligible persons and requirements for certification/verification of documents.

### Section 4 – Declaration

I hereby apply for Assessment of Eligibility to sit the Fellowship Examination in Specialist Dental Practice.

**Signature** \_\_\_\_\_

*(Unsigned applications will not be processed)*

**Date** \_\_\_\_\_



### Section 5 – Payment Options

<b>Payment Amount</b>	Assessment of Eligibility for Examination Fee (SDP)		
	<b>\$AU</b> (no GST applicable) <small>(Please refer to the <a href="#">Fee Schedule</a> on the College website for the applicable fee amount)</small>		
<b>Please select payment method</b>			
<input type="checkbox"/> Electronic Funds Transfer	Bank	Westpac Banking Corporation	
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia	
	Account Name	Royal Australasian College of Dental Surgeons	
	BSB Number	032 024	
	Account Number	80 1095	
	Bank Swift Code <small>(for accounts outside Australia)</small>	WPACAU2S	
	<small>*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.</small>		
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> <b>MasterCard</b>	<input type="radio"/> <b>Visa</b>
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		
<b>*** The Assessment of Eligibility for an Examination fee is non-refundable***</b>			
<b>This form should be submitted</b>			
<b>Email</b>	<a href="mailto:info@racds.org">info@racds.org</a>		<b>Post</b>
			RACDS, Level 13 37 York Street, Sydney NSW 2000
<b>Applications close</b>	Please refer to the <a href="#">Education Calendar</a> for up-to-date deadline & examination dates.		