



Application for Admission to Fellowship by the RACDS Specialist Assessment of International Medical Graduates Pathway

FOMS 17

Instructions

- This form is for specialist international medical graduates who satisfactorily completed [specialist assessment in Australia](#) and are applying for Fellowship in Oral and Maxillofacial Surgery (OMS) of the Royal Australasian College of Dental Surgeons (RACDS) following the [RACDS OMS Admission to Fellowship Policy](#).
- Please complete Part A of this form and email with current curriculum vitae to omsfellow@racds.org. If you satisfactorily completed specialist assessment in Australia prior to October 2021, please request your nominator (i.e., RACDS OMS Fellow) to complete Part B before submission. Your application may take up to three (3) months to assess from the date submitted.

Part A: Applicant Details

First name		RACDS ID	(if known)
Last name		Date of birth	(dd/mm/yyyy)
Email address			
Phone	M		W
Mailing address			

Qualifications and Training

Dental qualification	(e.g., Doctor of Dental Medicine)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of dental school)	End date	(dd/mm/yyyy)
Address			
Dental registration	(e.g., Dental Board of Australia)	Registration no.	
Conditions		Expiry date	(dd/mm/yyyy)
Medical qualification	(e.g., Doctor of Medicine)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of medical school)	End date	(dd/mm/yyyy)
Address			
Medical registration	(e.g., Medical Board of Australia)	Registration no.	



Conditions		Expiry date	(dd/mm/yyyy)
Pre-specialist training	(e.g., Medical and/or surgical internship)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s)	End date	(dd/mm/yyyy)
Address			
Specialist training	(i.e., Oral and Maxillofacial Surgery)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of specialist medical college)	End date	(dd/mm/yyyy)
Address			
Post-specialist training	(e.g., Head and neck surgery)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s)	End date	(dd/mm/yyyy)
Address			
Specialist Assessment in Australia			
Period of supervised practice	(i.e., Name of position)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s)	End date	(dd/mm/yyyy)
Supervisor name/s		Phone	
Address			
Specialist medical registration	(i.e., Medical Board of Australia)	Registration no.	
Conditions		Expiry date	(dd/mm/yyyy)
Period of independent practice (if applicable)	(i.e., Name of position)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s or practice)	End date	(dd/mm/yyyy)
Address			



Role description

Personal Statement

Please outline your reasons for applying to be admitted as a Fellow in Oral and Maxillofacial Surgery of the Royal Australasian College of Dental Surgeons. Please include how you maintain competencies in medical and dental expertise, clinical decision-making, technical expertise, communication, collaboration, management, health advocacy, teaching, and professionalism.

Applicant Declaration

I hereby declare that all information supplied in this application is true and correct. I understand that it may be disclosed to internal and external parties who provide administrative or organisational support to the process or where the Royal Australasian College of Dental Surgeons (RACDS) must do so by law.

I understand that the RACDS may verify this information with institutions or individuals and gather additional information to process my application. I agree to such inquiries being undertaken as part of the RACDS application process. I understand that if I fail to provide this information, the RACDS will be unable to process my application.

Applicant signature: _____

Date: _____



Part B: Nominator Details

First name		RACDS ID	(if known)
Last name		Date of birth	(dd/mm/yyyy)
Email address			
Phone	M		W
Mailing address			

Qualifications and Training

Specialist training	(i.e., Oral and Maxillofacial Surgery)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of training centre)	End date	(dd/mm/yyyy)
Address			
Specialist medical registration	(e.g., Medical Board of Australia)	Registration no.	
Conditions		Expiry date	(dd/mm/yyyy)
Current practice	(i.e., Name of position)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s or practice)		
Address			

Please explain your reasons for nominating this applicant to be admitted as a Fellow in Oral and Maxillofacial Surgery of the Royal Australasian College of Dental Surgeons.



Please explain your professional knowledge of the applicant's clinical and surgical skills and competence for at least 12 months.

Nominator Declaration

I hereby declare that all information supplied in this application is true and correct. I understand that it may be disclosed to internal and external parties who provide administrative or organisational support to the process or where the Royal Australasian College of Dental Surgeons (RACDS) must do so by law.

I confirm that we have no personal or professional conflict of interest from nominating the applicant to be admitted as a Fellow in Oral and Maxillofacial Surgery of the Royal Australasian College of Dental Surgeons.

Full name: _____

Date: _____

Nominator signature: _____