



FSDP02 – Enrolment for 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 three (3) years of documented specialist practice. Candidates must be approved via an Assessment of Eligibility application (form [FSDP01](#)) before enrolling for the Fellowship Examination.

Candidates who are successful in the examination will then be invited to apply for Admission to Fellowship (form [GEN03](#)).

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

Section 1 – Personal Details

- I have already subscribed online – 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

#83	<input type="checkbox"/> Endodontics	#66	<input type="checkbox"/> Periodontics
#1	<input type="checkbox"/> Oral Medicine	#10	<input type="checkbox"/> Prosthodontics
#56	<input type="checkbox"/> Orthodontics	#110	<input type="checkbox"/> Special Needs Dentistry
#141	<input type="checkbox"/> Paediatric Dentistry	#18	<input type="checkbox"/> Dental Public Health (Community Dentistry)



Section 3 – Declaration

1. I hereby apply to be enrolled as a candidate for the Membership Examination in Specialist Dental Practice (applicable to all disciplines)

2. I understand that: (not applicable to Dental Public Health)
 - I must submit my case reports for the examination as per the requirements in the Handbook – Specialist Dental Practice
 - My examination enrolment fee may not be fully refunded if I am unable to submit suitable cases

Signature _____

(Unsigned applications will not be processed)

Date _____



Section 4 – Payment Options			
Payment Amount	Examination Enrolment Fee (SDP)		
	\$AU	(no GST applicable)	
	<i>(Please refer to the Fee Schedule on the College website for the applicable fee amount)</i>		
Please select payment method			
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		
<input type="checkbox"/> Cheque	<ol style="list-style-type: none"> Made payable to “Royal Australasian College of Dental Surgeons” In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise) 		
	<p>*** The Examination Enrolment fee is non-refundable***</p> <ul style="list-style-type: none"> Enrolment is valid only for the examination sitting to which the candidate has been admitted The College reserves the right to amend the timing and dates of examinations whenever conditions warrant. Where examinations are cancelled or postponed, a full refund of the Examination Enrolment fee will be issued. The College takes no responsibility for any other costs incurred by the candidate. 		
This form should be submitted			
Post	RACDS	Email	info@racds.org
	Level 13 37 York Street Sydney NSW 2000 Australia	Fax	02 9262 1974
Applications close	1 May		