



## MSDP02 – Assessment of Eligibility to sit the Membership Examination in Specialist Dental Practice (SDP)

Subscribed candidates are eligible to sit the Membership Examination if they hold, or are within six months of completing, a three-year postgraduate degree (such as a Masters or Doctorate) that has been accredited for specialist registration or recognition by the appropriate authority.

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 [MSDP04](#)).

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						
I do not wish to have my details included in the members-only professional contact database						

### Section 2 – Specialist Discipline

**Please select only one**

#90	<input type="checkbox"/> Endodontics	#94	<input type="checkbox"/> Periodontics
#91	<input type="checkbox"/> Oral Medicine	#95	<input type="checkbox"/> Prosthodontics
#92	<input type="checkbox"/> Orthodontics	#96	<input type="checkbox"/> Special Needs Dentistry
#93	<input type="checkbox"/> Paediatric Dentistry	#9	<input type="checkbox"/> Dental Public Health (Community Dentistry)*

\*Eligibility to sit the Membership Examination in Dental Public Health is based on any program or appropriate combination of education and experience as approved by the Board of Studies in Dental Public Health.

### Section 3 – Eligible Qualifications

University/Institution			
Degree/Program			
Duration (years)	<input type="radio"/> Full Time	<input type="radio"/> Part Time	



### Section 4 – Attachments

You do not need to supply documents which were previously submitted with a Subscription Application/Renewal.

<p>Degree/Program Completed:</p> <p style="text-align: center;"><b>OR</b></p> <p>Degree/Program within six months of completion:</p>	<p> <input type="radio"/> Certified* copy/ies of postgraduate qualification/s in specialist discipline      <input type="radio"/> N/A  <input type="radio"/> Certified* evidence of accreditation of qualification or recognition as a specialist <i>(not required for Australian/New Zealand qualifications)</i>      <input type="radio"/> N/A         </p> <p><small>*Please see '<a href="#">Certified Documents</a>' on the College website for details of eligible persons and requirements for certification/verification of documents.</small></p> <hr/> <p style="text-align: center;">Declaration below completed by Program Director or equivalent</p> <p>I _____ <span style="display: block; text-align: center; font-size: small;">(Name and Position)</span></p> <p>hereby confirm that the applicant is enrolled in the program listed in Section 3 and that clinical training is anticipated to be completed by: _____ <span style="display: block; text-align: right; font-size: small;">day / month / year</span></p> <p><b>Signature</b> _____      <b>Date</b> _____ <small>(Unsigned applications will not be processed)</small></p>
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### Section 5 – Declaration

I hereby apply to be enrolled as a candidate for the Membership Examination in Specialist Dental Practice

<p><b>Signature</b> _____ <small>(Unsigned applications will not be processed)</small></p>	<p><b>Date</b> _____</p>
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Section 6 – Payment Options			
Payment Amount		Assessment of Eligibility for Examination Fee (SDP)	
		\$AU (no GST applicable) <small>(Please refer to the <a href="#">Fee Schedule</a> on the College website for the applicable fee amount)</small>	
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	1. Made payable to “Royal Australasian College of Dental Surgeons” 2. In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise)		
*** The Assessment of Eligibility for Examination fee is non-refundable***			
This form should be submitted			
Post	RACDS Level 13 37 York Street Sydney NSW 2000 Australia		Email <a href="mailto:info@racds.org">info@racds.org</a>
			Fax 02 9262 1974
Applications close	1 April		