



MSDP06 – Assessment for Membership in Specialist Dental Practice (SDP) via Transitional Arrangements

Membership in Specialist Dental Practice via Transitional Arrangement is available to selected applicants who meet the eligibility criteria in Appendix 2 of the [Specialist Dental Practice Handbook](#).

This assessment is to confirm eligibility only and must be approved by the Registrar (SDP). Successful applicants will then need to submit an application for Admission to Membership (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

- Dento-Maxillofacial Radiology (DMFR)



Section 3 – Eligibility Categories (all disciplines)

Please select the category under which you are applying. If more than one category applies select the most relevant. Eligibility criteria taken from [SDP Handbook](#).

Category A – Evidence of a minimum of ten (10) years full time equivalent practise in the discipline throughout which period the candidate has been recognised by the relevant Dental Board or registering authority as a specialist in the Specialist Dental Practice discipline

Category B – Completion of a Master’s Degree or Clinical Doctorate in a Specialist Dental Practice discipline from a university program accredited by the Australian Dental Council

Category C – Completion of a full time, supervised training program of advanced training of a minimum of three (3) years full time duration, outside Australia where that program and qualification has been recognised for registration as a specialist by the Dental Board of Australia

Section 4 – Attachments

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

All Categories

- Up to date Curriculum Vitae
- Certified* copy/ies of postgraduate qualification/s in specialist discipline N/A
- Registration number/s OR Certified* evidence of specialist registration, recognition or eligibility N/A
- Other relevant evidence of training experience N/A

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

Section 5 – Declaration

- I hereby declare that all information provided in this application is true and correct to the best of my knowledge

Signature _____

(Unsigned applications will not be processed)

Date _____



Section 6 – Payment Options			
Payment Amount	Transitional Arrangement Assessment Application Fee		
	\$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	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 Examination Enrolment fee is non-refundable unless an application for Special Consideration is approved *** <ul style="list-style-type: none"> Please see the College website for the Refunds and Special Consideration Policies. Enrolment is valid only for the examination sitting to which the candidate has been admitted. 		
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	This application may be submitted at any time before 31 May 2020		