



FOMS01 – Exemption Application Form OMS: SST Examination

Please type or print in **BLOCK** letters your responses in this form
Completed forms should be submitted via email to oms@racds.org

Personal Details

First Name				RACDS ID <small>(if known)</small>		
Last Name						
Other Names				Date of Birth <small>(dd/mm/yy)</small>		
Email						
Phone	M		H		W	
Mailing Address						

Qualificaion/s for Exemption

Passed the following examination for Fellowship in The Royal Australasian College of Surgeons:

- RACS Generic SET Surgical Science & Clinical Examination (GSSE & CE)
 MRSC – Intercollegiate, UK (Part A & B)
 Other (please specify)
-

Attachments

Please attach a certified copy of the qualification/s, forms not including this will not be processed.

Please Note:

- Applicants will be required to submit the exemption application **BEFORE 15 FEBRUARY** in order to receive exemption for the SST Examination in the same year.
- All certificate(s) must be accompanied by a certified translation when the certificate(s) in not in English.
- To ensure the safety of documents, certified photocopies rather than originals should be provided.

The RACDS accepts documents certified by any of the following:

- A Fellow of the College
- Justice of the Peace
- Staff of an Australian Overseas Diplomatic Mission
- Administrative staff of the institution which originally issued the documents
- Head of Department of a Dental Hospital or Dental Faculty

Officers verifying documents should write “This is a true copy of the original sighted by me” and sign the document, print their name, profession/occupation/organisation, contact details and date verified. Justice of the Peace should also provide their registration number.

CANDIDATES CANNOT CERTIFY THEIR OWN DOCUMENTS

Declaration

I **HEREBY** apply for an exemption from the OMS SST Examination.

Trainee Signature _____
(Unsigned applications will not be processed)

Date _____



Payment Options

Fee payable on application, if unsuccessful 60% of the fee will be refunded.

Payment Amount	OMS SST Examination Exemption \$AU _____ <i>(Please refer to the Fee Schedule on the College website for the applicable fee amount)</i>		
<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">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)		