



## FOMS02 – OMS SST Examination Enrolment

Please type or print in BLOCK letters your responses in this form  
Completed forms should be submitted via email to [oms@racds.org](mailto:oms@racds.org)

**Applications close:** 1 March 2020

**Disclaimer:** 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 Registration fee will be issued. The College takes no responsibility for any other costs incurred by the candidate.

### Personal Details

Please type or print in BLOCK letters your responses in this form

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						

### Eligibility Requirements for OMS Trainees

<input type="radio"/> I <b>AM</b> currently enrolled in the RACDS OMS training program	<b>OMS – Clinical Year Undertaken:</b> Location: _____ Dates: _____ to _____
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### Supervisor Approval

I certify that the above information is correct and I support the trainee's readiness to undertake the SST Examination.

Name (please print name): \_\_\_\_\_

Position Held: \_\_\_\_\_

Signature (Current Supervisor/Consultant): \_\_\_\_\_

- i. Candidates are reminded that registration is valid only for the examination to which the candidate has been admitted.

For refunds of the registration fee refer the College ['Refund Policy'](#)

*Please proceed to Declaration*

### Eligibility Requirements for non OMS Trainees

<input type="radio"/> I am <b>NOT</b> currently enrolled in the RACDS OMS training program	<b>Surgery in General Year:</b> Location: _____ Dates: _____ to _____	
1. Are you a citizen of Australia or New Zealand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, are you a permanent resident of Australia or New Zealand	<input type="checkbox"/> Yes	<input type="checkbox"/> No



	i. If you are a permanent resident of Australia, have you passed the Australian Dental Council examinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If NO, do you have full dental registration in New Zealand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii. If you are a permanent resident of Australia, have you passed both components of the Australian Medical Council Examinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If NO, do you have full medical registration in New Zealand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Please provide your Dental and Medical Registration Number and State/Region of Registration (attach certified documents from Dental and Medical Boards):		
	Dental Registration Number		State/Region of Registration
	Medical Registration Number		State/Region of Registration
3.	List ALL of the Qualifications/Fellowships/Memberships/Primary Examination successfully completed		
	<b>Degree/Fellowship</b>	<b>Institution</b>	<b>Year Completed</b>
			<b>Attached Certified Documents</b>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Declaration**

<p><b>Signature</b> _____ <small>(Unsigned applications will not be processed)</small></p>	<p><b>Date</b> _____</p>
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### Payment Options

Payment Amount	Enrolment for OMS SST Examination	#139
	<b>\$AU</b> <small>(Please refer to the <a href="#">Fee Schedule</a> on the College website for the applicable fee amount)</small>	
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> <b>MasterCard</b> <input type="radio"/> <b>Visa</b>
	Card Holder Name	
	Card Number	
	Expiry Date	
	CCV	
	Card Holder Signature	
<input type="checkbox"/> Cheque	<ol style="list-style-type: none"><li>1. Made payable to "Royal Australasian College of Dental Surgeons"</li><li>2. In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise)</li></ol>	