



FOMS03 – OMS Final Examination Registration

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

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

Section 1 – Personal Details

- I have previously provided this information → *Go to Section 2*
 My details have changed → *Complete only details which have changed*

Email			
Phone	M	H	W
Mailing Address			
Principal Work Address			

Section 2 – Declaration

I HEREBY apply to be registered for admission as a candidate for the Final Examination in the Specialty of Oral and Maxillofacial Surgery.

- Candidates are reminded that registration is valid only for the examination to which the candidate has been admitted.
- For refunds of the registration fee, please refer to the RACDS Refunds policy.

Signature <hr/> <i>(Unsigned applications will not be processed)</i>	Date <hr/>
--	----------------------

Section 3 – Payment Options

Payment Amount	OMS Final Examination Registration \$AU _____ <small>(Please refer to the Fee Schedule on the College website for the applicable fee amount)</small>		
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
<input type="checkbox"/> Cheque	Card Holder Signature		
	<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) 		