



FOMS08 – Enrolled Candidate Status Form

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						

Current Status

<input type="checkbox"/>	Year Completed BST OMS: _____				
<input type="checkbox"/>	Completing a Medical or Dental Degree	<input type="checkbox"/>	Approved Leave	From _____	To _____
<input type="checkbox"/>	Completing a Surgery in General Year				
<input type="checkbox"/>	Completing an Intern year				
<input type="checkbox"/>	Completing an off-service rotation to a medical or surgical unit or to complete a PhD				
<input type="checkbox"/>	Completing an overseas posting for which I have received prospective approval from the Board of Studies for Oral and Maxillofacial Surgery				

Submission Checklist

<input type="checkbox"/>	All required sections are filled out.
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