



FOMS12 – Oral and Maxillofacial Surgery (OMS) Application for Assessment of Eligibility for Final Examination

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 – Final Examination

Following a review of the training and level of competency in Oral and Maxillofacial Surgery, the _____ Regional Surgical Committee **RECOMMENDS** / **DOES NOT RECOMMEND** that the trainee be assessed by the Training Committee of the Royal Australasian College of Dental Surgeons, for eligibility to sit the Final Examination in Oral and Maxillofacial Surgery.

DoT Signature _____ <small>(Unsigned applications will not be processed)</small>	Date _____
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Section 3 – Maintenance of Learning Portfolio

The trainee has maintained a Learning Portfolio in accordance with the guidelines Appendix 1 of the Handbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Logbook summary sheet (or part thereof) attached to this form- Appendix 23 or 24	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Director of Training Declaration

Trainee Name in Full			
Trainee Signature _____		Date _____	
DoT Signature _____ <small>(Unsigned applications will not be processed)</small>		Date _____	

This form will not be accepted if it is not signed by the Director of Training. Fellowship is not awarded until the trainee has completed their training program.



OMS 1 – (OMS-BST)	Year	Location
OMS 2 – (AST-1)	Year	Location
OMS 3 – (AST-2)	Year	Location
OMS 4 – (AST-3)	Year	Location

Section 5 – Payment Options

I HEREBY apply for assessment of eligibility for examination in the Specialty of Oral and Maxillofacial Surgery and enclose the required fee.

NOTE: Candidates will be advised if their application is successful and a registration form and notification of the examination fee will be sent.

Payment Amount	Application for Assessment of Eligibility for Final Examination	
	\$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"> Made payable to "Royal Australasian College of Dental Surgeons" In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise) 	