



## MSDP02 – Assessment of Eligibility to sit the Membership Examination in Specialist Dental Practice (SDP)

Candidates are eligible to sit the Membership Examination if they hold, or are within six months of completing, a three-year postgraduate degree (such as a Masters or Doctorate) that has been accredited for specialist registration or recognition by the appropriate authority.

This application is to **confirm eligibility to sit the examination only** and must be approved by the relevant Board of Studies. Successful applicants will then need to enrol for the examination (form [MSDP04](#)).

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

### Section 1 – Personal Details

- I already have a subscription or Affiliate membership – Go to Section 2
- My details have changed – Complete only details which have changed

Phone	M		H		W	
Mailing Address						
Principle Work Address						
<input type="checkbox"/> I do not wish to have my details included in the members-only professional contact database						

### Section 2 – Specialist Discipline

Please select only one

#90	<input type="checkbox"/> Endodontics	#94	<input type="checkbox"/> Periodontics
#91	<input type="checkbox"/> Oral Medicine	#95	<input type="checkbox"/> Prosthodontics
#92	<input type="checkbox"/> Orthodontics	#96	<input type="checkbox"/> Special Needs Dentistry
#93	<input type="checkbox"/> Paediatric Dentistry	#9	<input type="checkbox"/> Dental Public Health (Community Dentistry)*

\*Eligibility to sit the Membership Examination in Dental Public Health is based on any program or appropriate combination of education and experience as approved by the Board of Studies in Dental Public Health.

### Section 3 – Eligible Qualifications

University/Institution			
Degree/Program			
Duration (years)	<input type="radio"/> Full Time	<input type="radio"/> Part Time	



**Section 4 – Attachments**

You do not need to supply documents which were previously submitted with an Affiliate Application/Renewal.

<p>Degree/Program Completed:</p>	<p><input type="radio"/> Certified* copy/ies of postgraduate qualification/s in specialist discipline <input type="radio"/> N/A</p> <p><input type="radio"/> Certified* evidence of accreditation of qualification or recognition as a specialist <i>(not required for Australian/New Zealand qualifications)</i> <input type="radio"/> N/A</p> <p><b>OR</b></p> <p><small>*Please see '<a href="#">Certified Documents</a>' on the College website for details of eligible persons and requirements for certification/verification of documents.</small></p>
<p>Degree/Program within six months of completion:</p>	<p><input type="radio"/> Declaration below completed by Program Director or equivalent</p> <p>I _____ <small>(Name and Position)</small></p> <p>hereby confirm that the applicant is enrolled in the program listed in Section 3 and that clinical training is anticipated to be completed by: _____ <small>day / month / year</small></p> <p><b>Signature</b> _____ <b>Date</b> _____ <small>(Unsigned applications will not be processed)</small></p>

**Section 5 – Declaration**

I hereby apply for Assessment of Eligibility to sit the Membership Examination in Specialist Dental Practice.

<p><b>Signature</b> _____ <small>(Unsigned applications will not be processed)</small></p>	<p><b>Date</b> _____</p>
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### Section 6 – Payment Options

<b>Payment Amount</b>	<b>Assessment of Eligibility for Examination Fee (SDP)</b>		
	<b>\$AU</b> (no GST applicable) <small>(Please refer to the <a href="#">Fee Schedule</a> on the College website for the applicable fee amount)</small>		
<b>Please select payment method</b>			
<input type="checkbox"/> <b>Electronic Funds Transfer</b>	<b>Bank</b>	Westpac Banking Corporation	
	<b>Branch Address</b>	60 Martin Place, Sydney NSW 2000 Australia	
	<b>Account Name</b>	Royal Australasian College of Dental Surgeons	
	<b>BSB Number</b>	032 024	
	<b>Account Number</b>	80 1095	
	<b>Bank Swift Code</b> <small>(for accounts outside Australia)</small>	WPACAU2S	
	<small>*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.</small>		
<input type="checkbox"/> <b>Credit Card</b>	<b>Card Type</b>	<input type="radio"/> <b>MasterCard</b>	<input type="radio"/> <b>Visa</b>
	<b>Card Holder Name</b>		
	<b>Card Number</b>		
	<b>Expiry Date</b>		
	<b>CCV</b>		
	<b>Card Holder Signature</b>		
<b>*** The Assessment of Eligibility for an Examination fee is non-refundable***</b>			
<b>This form should be submitted</b>			
<b>Email</b>	<a href="mailto:info@racds.org">info@racds.org</a>	<b>Post</b>	RACDS, Level 13 37 York Street, Sydney 2000
<b>Applications close</b>	Please refer to the <a href="#">Education Calendar</a> for up-to-date deadline & examination dates.		