

MSDP04 – Enrolment for the Membership Examination in Specialist Dental Practice (SDP)

Candidates are eligible to sit the Membership Examination if they hold, or are in the final year of, a three-year postgraduate degree (such as a Masters or Doctorate) that has been accredited for specialist registration or recognition by the appropriate authority. Candidates must be approved via an Assessment of Eligibility application (form MSDP02) before enrolling for the Membership examination.

Candidates who are successful in the examination will then be invited to apply for Admission to Membership (form <u>GEN03</u>).

(form <u>GEN03</u>).							
First Name			RACDS ID				
Last Name			(if known)				
Other Names			Date of Birth (dd/mm/yy)				
Email							
Section 4 Days	nal Dataila						
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	Н	W				
Mailing Address	'						
Walling Address							
Principle Work Address							
	Degree Institution			Year			
Academic							
Qualifications							
I do not wish to	o have my details included in the member	ers-only professional contact database					
Section 2 – Specialist Discipline							
Please select only	/ one						
#82 Endodontics #53 Periodo							
#125 Oral Med	dicine	#67 Prosthodontics					
#64 Orthodor	#64 Orthodontics #68 Special Needs Dentistry						
#65 Paediatri	#65 Paediatric Dentistry #2 Dental Public Health (Community Dentistry)*						
	rship Examination in Dental Public Health i Studies in Dental Public Health.	s based on any program or appropriate o	ombination of education and	l experience as			

MSDP04 Jan 21 Page 1 of 3



Section 3 – Declaration

1. I hereby apply to be enrolled as a candidate for the Membership Examination in Specialist Dental Practice (applicable to all disciplines)

2. I understand that:

- I must submit my case reports for the examination as per the requirements in the Handbook –
 Specialist Dental Practice (not applicable to Dental Public Health)
- My examination enrolment fee may not be fully refunded if I am unable to submit suitable cases (not applicable to Dental Public Health)
- I am appropriately registered to practice with a recognised authority (e.g.Dental Board of Australia/Dental Council of NZ), and I am in good standing with that authority without any reprimands, cautions, conditions, restrictions, limitations or undertakings on my registration or practice.

•			
Signature _		Date	
	(Unsigned applications will not be processed)		

MSDP04 Jan 21 Page 2 of 3

Section 4 – Payment Options							
	Examination Enrolment Fee (SDP)						
Payment Amount	\$AU (Please refer to the <u>Fee Schedule</u>	-	no GST appl				
Please select payment method							
Electronic Funds Transfer	Bank	Westpac Banking Corporation					
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia					
	Account Name	Royal Australasian College of Dental Surgeons					
	BSB Number	032 024					
	Account Number	80 1095					
	Bank Swift Code (for accounts outside Australia)	WPACAU2S					
Credit Card	Card Type	○ MasterCard ○ Visa					
	Card Holder Name						
	Card Number						
	Expiry Date						
	CCV						
	Card Holder Signature						
	*** The Assessment of Eligibility	The Assessment of Eligibility for an Examination fee is non-refundable***					
	The College reserves the right	Enrolment is valid only for the examination sitting to which the candidate has been admitted 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 Enrolment fee will be issued.					
This form should be submitted							
Em	II info@voods ove		Post	RACDS, Level 13			
Ema	info@racds.org		Post	37 York Street, Sydney NSW 2000			
Applications clos	Please refer to the E	Please refer to the Education Calendar for up-to-date deadline & examination dates.					

MSDP04 Jan 21 Page 3 of 3