



## MSDP05 – Statement of Verification of Case Reports

To be completed and attached to the front of each case report submitted for a Membership or Fellowship Examination in Specialist Dental Practice.

Candidate Name		RACDS ID <i>(if known)</i>	
Discipline			

### Declaration

I certify that the case reports submitted are of my own work. I further certify that I have personally been involved in patient management and that my role has been indicated where clarification is necessary, such as in the case of multidisciplinary management.

<b>Signature</b> _____ <i>(Unsigned applications will not be processed)</i>	<b>Date</b> _____
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