Royal Australasian College of Dental Surgeons
Let knowledge conquer disease

Registration for Surgical Science and Training (SST) Examination

FOMS 04

Instructions

- This form is for eligible candidates who are registering for the SST Examination in accordance with *Part D - Section 1, 1.1 Surgical Science and Training in Oral and Maxillofacial Surgery (OMS),* of the OMS Handbook.
- Please complete this form and email to omsexams@racds.org by the closing date. If you are not an OMS trainee, please include certified copies of supporting documents with your registration. Late and incomplete applications will not be accepted.

Applicant Details

First name				RACDS ID *(if known)*	
Last name					
Email address					
Phone	M		H	W	
Mailing address					

Eligibility

1.	Are you a registered OMS 1 Trainee?	☐ YES Training centre: *(Please proceed to next section)*	☐ NO *(Please proceed to next question)*
2.	Are you a fully registered medical and dental practitioner in Australia or New Zealand who has completed or is currently completing full year of surgery in general (SIG)?	☐ YES	☐ NO *(You are not eligible to register)*

Medical registration number:

State or region of registration:

Dental registration number:

State or region of registration:

Australian or New Zealand passport number:

Expiration date:

SIG details:

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Director of Training Approval (OMS Trainees only)

I hereby declare that I support the registration of Dr _____ to undertake the SST Examination.

Name _____	Date _____
Signature _____	

Trainee Declaration

I hereby declare that all information provided in this application is true and correct. I understand that it may be disclosed to internal and external parties who provide administrative or organisational support to the process, or where the Royal Australasian College of Dental Surgeons is required to do so by law.

Signature _____	Date _____

Payment

Please pay the application fee online via the RACDS website before submitting this form. Refer to the RACDS Refund Policy for information on refunds.

Date of payment	
Amount paid	AUD
Invoice/ receipt number	