



Application for Completion of Research Requirement

FOMS 09

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who are applying for completion of research requirement in accordance with *Part A – Section 2, 2.1.4 Research* of the [OMS Handbook](#).
- Please complete this form and email with [certified copies](#) of supporting documents to omstraineer@racds.org by closing date. Late and incomplete applications will not be accepted.

Applicant Details

First name		RACDS ID (if known)	
Last name			
Email address			

Research Requirement (select one pathway)

<input type="checkbox"/> Pathway 1 <i>Completion of a formal research project undertaken as part of a postgraduate research qualification</i>	Date of completion	
	Institution	
	Degree	
	Date approved by Research Committee	
<input type="checkbox"/> Pathway 2 <i>Independent research culminating in a paper accepted for publication in a peer-reviewed journal</i>	Title of paper	
	Journal	
	Date of publication	
	Date approved by Research Committee	
	Research methodology course completed	
Presentations <i>Both presentation categories must be fulfilled</i>	<input type="checkbox"/> Presented a paper each year at a scientific meeting, local ANZAOMS or RACDS meeting, as hospital grand round, or equivalent. <input type="checkbox"/> Presented a paper at the annual conference of ANZAOMS at least once during advanced surgical training.	

Director of Training Declaration

I hereby declare that Dr _____ has satisfactorily completed the mandatory research requirements.

Name			
Signature		Date	

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	
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