



MSDP06 – Application for Membership (SDP) via Transitional Arrangements

Membership in Specialist Dental Practice via Transitional Arrangement is available to selected applicants who meet the eligibility criteria in Appendix 2 of the [Specialist Dental Practice Handbook](#).

This assessment is to confirm eligibility only and must be approved by the Registrar (SDP). Successful applicants will then need to submit an application for Admission to Membership (form [GEN03](#)).

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 am already a Member or a Fellow of the College – Go to Section 2
- My details have changed – Complete only details which have changed

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

Section 2 – Eligibility Categories – Membership in Dental Surgery ONLY

Please select the category under which you are applying. If more than one category applies select the most relevant. Eligibility criteria taken from [SDP Handbook](#).

- Category A** – Completion of a Master’s Degree or Clinical Doctorate in a Specialist Dental Practice discipline from a university program which led to registration with the Australian Dental Council or Dental Council of New Zealand
- Category B** – Completion of a full time, supervised training program of advanced training of a minimum of three (3) years full time duration, outside Australia where that program and qualification has been recognised for registration as a specialist by the Dental Board of Australia or Dental Council of New Zealand



Section 3 – Attachments

- Up to date Curriculum Vitae
- Certified* copy/ies of postgraduate qualification/s in specialist discipline
- Registration number/s OR Certified* evidence of specialist registration, recognition or eligibility

*Please see '[Certified Documents](#)' on the College website for details of eligible persons and requirements for certification/verification of documents.

Section 4 – Declaration

- I hereby declare that all information provided in this application is true and correct to the best of my knowledge

Signature _____
(Unsigned applications will not be processed)

Date _____



Section 5 – Payment Options

Payment Amount	Transitional Arrangement Assessment Application Fee	
	<u>\$AU 1,926.00</u>	(no GST applicable)

Please select payment method

<input type="checkbox"/> 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 <small>(for accounts outside Australia)</small>	WPACAU2S	
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		

- Please see the College website for the [Refunds](#).

This form should be submitted

Email	info@racds.org	Post	RACDS, Level 13
			37 York Street, Sydney NSW 2000
Applications close	01/06/2022		