



Application for Completion of OMS Training Program

FOMS 13

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees who are applying for completion of OMS Training Program occupying in accordance with the Accredited Training in OMS Handbook.
- Please complete this form then request your Director of Training to sign before emailing to omstraineer@racds.org by due date. Incomplete applications will not be accepted.

Applicant Details

First name		RACDS ID	
Last name		<small>(if known)</small>	
Email address			
Training centre			

Director of Training Declaration

Please review and confirm if Dr _____ has satisfactorily completed the following training and assessment requirements:

Accredited OMS 4 Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Final Examination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Final Six-Monthly Formative Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Final Surgical Logbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mandatory Research Requirement <small>(Trainee has provided evidence of approval by Research Committee)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prior Completion of Research Qualification
Training Portfolio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Procedures noted in Final Exam Eligibility Assessment addressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

On behalf of the Regional Surgical Committee, I hereby declare that Dr _____ has completed all training and assessment requirements in the Oral and Maxillofacial Surgery Training Program.

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 (RACDS) is required to do so by law.

Name			
Signature		Date	