



Application for Short-term Training Assessment in Australia

FOMS 16

Instructions

- This form is for overseas-trained Oral and Maxillofacial Surgery (OMS) trainees or specialists undertaking 12-24 months training in Australia under the [Medical Board of Australia](#) short-term training in a medical specialty pathway.
- Applicants must first verify qualifications through the Educational Commission for Foreign Medical Graduates ([ECFMG](#)) Electronic Portfolio of International Credentials (EPIC) and establish an Australian Medical Council ([AMC](#)) portfolio.
- Please complete this form and email with [certified copies](#) of supporting documents to omsimg@racds.org. Incomplete applications will not be accepted. Your application may take up to three months to assess from the date submitted.

Applicant Details

First name				RACDS ID	(if known)
Last name				Date of birth	(dd/mm/yyyy)
Email address					
Phone	M		H		W
Mailing address					

Primary Source Verification of Qualifications

Have you verified your primary and specialist qualifications through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No EPIC number:
Have you established your portfolio via the Australian Medical Council (AMC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No AMC number:

Details of Training Position

Name of hospital			
Mailing address			
Contact person			
Email address		Phone	
Proposed training position			
Proposed start date		End date	
Supervisor name			
Email address		Phone	



Supporting Documents

Have you attached the following [certified documents](#) to this application?

- | | |
|---|--|
| <ul style="list-style-type: none"> Completed MBA/AHPRA Application for Assessment by a Medical College (AAMC-30 Part A) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> Certified copy of supporting documentation: <ol style="list-style-type: none"> Curriculum vitae Current passport Primary medical qualification Specialist qualification/s (if applicable) Details of training position: <ul style="list-style-type: none"> training plan providing details of the purpose, anticipated duration, location, content and structure of training and the anticipated date of any examinations or assessments position description for the proposed training position details of how supervision will be provided and the names and contact details of proposed supervisor/s timetable/roster including supervision details | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> Certified copy of statement from the overseas specialist college or body awarding the specialist qualification with whom: <ol style="list-style-type: none"> currently a specialist-in-training: <ul style="list-style-type: none"> confirming trainee status with the college/body outlining the content, structure and length of the training program confirming no more than two years from completing specialist training confirming applicant has passed a basic specialist examination or satisfactorily completed substantial training, and identifying the objectives of the training to be undertaken in Australia OR applicant is a specialist, confirming specialist qualification in the country of training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> A written confirmation that, currently, the applicant has no intention of making further applications for registration at the end of the specified training period. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant Declaration

I hereby declare that all information supplied 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.

I understand that the RACDS may verify this information with institutions or individuals and gather additional information to process my application. I agree to such inquiries being undertaken as part of the RACDS application process. I understand that if I fail to provide this information the RACDS will be unable to process my application.

I understand that the outcome of my application may take up to three months from submission.

Applicant signature: _____

Date: _____



Payment

Please pay the application fee online via the [RACDS website](#) before submitting this form. Kindly refer to the RACDS [Refund Policy](#) for information on refunds.

Date of payment	<input type="text"/>
Amount paid	<input type="text" value="AUD"/>
Invoice/ receipt number	<input type="text"/>