



Registration for OMS Fellowship Examination

FOMS 06

Instructions

- This form is for eligible candidates who are registering for the Fellowship Examination in accordance with the Handbook for Accredited Training in OMS.
- Please complete this form and email to omsexams@racds.org by closing date. Late and incomplete applications will not be accepted.

Applicant Details

First name				RACDS ID (if known)		
Last name						
Other names						
Email address						
Phone	M		H		W	
Address						

Eligibility

<p>Have you submitted your Application for OMS Fellowship Examination Eligibility (FOMS 5) by the closing date?</p> <p><i>(Please refer to Section 4.7 Assessment of Eligibility for the OMS Fellowship Examination)</i></p>	<input type="checkbox"/> YES Submission date: <input type="text"/> <i>(Please proceed to next section)</i>	<input type="checkbox"/> NO <i>(You are not eligible to register)</i>
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Director of Training Approval (OMS Trainees only)

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

Name _____ Signature _____	Date _____
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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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Payment

Please pay the registration fee online via the [RACDS website](#) before submitting this form. 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"/>