



Application for Approval of OMS CPD Activity

FOMS 19

Introduction

This application form is for organisations or individuals seeking College approval of their Oral and Maxillofacial Surgery (OMS) Continuing Professional Development (CPD) activities.

At least four weeks should be allowed for internal process and decision-making, and applications cannot be considered in retrospect. Approval will be time limited to 12 months after which an additional application with payment must be submitted. In the case of amended or new content requiring approval, the same application process and fee applies.

Completed applications should be sent via email to oms@racds.org.

Provider Contact Details

Contact name		RACDS ID <i>(if applicable)</i>	
Contact phone			
Contact email address			
Address of provider			

Activity Details

Name of activity			
Date(s) of activity			
Duration of event in hours			
Presenter/facilitator details	Name		
	Title/position		
Activity description			
Learning objectives			



Scope of Practice

Please select the scope of practice most relevant to this activity (*more than one area can be selected if applicable*)

<input type="checkbox"/>	Anatomy and embryology of the head and neck	<input type="checkbox"/>	Oral & Maxillofacial Oncology
<input type="checkbox"/>	Radiology and Nuclear Medicine	<input type="checkbox"/>	Reconstructive Oral & Maxillofacial Surgery
<input type="checkbox"/>	Dentoalveolar Surgery	<input type="checkbox"/>	Oral & Maxillofacial Trauma
<input type="checkbox"/>	Pre-prosthetic Surgery and Implantology	<input type="checkbox"/>	Orthognathic Surgery
<input type="checkbox"/>	Paediatric Oral and Maxillofacial Surgery	<input type="checkbox"/>	Facial Pain
<input type="checkbox"/>	Oral & Maxillofacial Pathology	<input type="checkbox"/>	Temporomandibular Joint Disorders
<input type="checkbox"/>	Oral Mucosal Diseases	<input type="checkbox"/>	Oral and Maxillofacial Prosthetics and Technology
<input type="checkbox"/>	Maxillary Sinus Disease	<input type="checkbox"/>	Adjunctive Technologies in Oral and Maxillofacial Surgery
<input type="checkbox"/>	Other (please specify):		

Criteria for CPD Approval

Please confirm your activity meets the criteria by selecting below

<input type="checkbox"/>	Learning objectives are clearly defined, and are relevant to the scope of practice of a specialist Oral and Maxillofacial Surgeon
<input type="checkbox"/>	The activity promotes a high standard of clinical and ethical care
<input type="checkbox"/>	The learning environment allows participants to meet the objectives of the course
<input type="checkbox"/>	A process for evaluating the activity against the learning objectives is established
<input type="checkbox"/>	Oral and Maxillofacial Surgeons have been involved in developing and conducting the activity where feasible
<input type="checkbox"/>	Suitable evidence for verification of attendance can be provided for each participant, as per the CPD for OMS Standard

The activity perpetuates one or more of the Entry Level Competencies adopted by the DBA/DCNZ (*please select*)

<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Communication and skills
<input type="checkbox"/>	Critical thinking
<input type="checkbox"/>	Scientific and clinical knowledge
<input type="checkbox"/>	Patient Care

Verification of Attendance

Please describe how participants' attendance will be recorded



Attachments

Please ensure the following are attached with your application:

<input type="checkbox"/>	Course flyer (if available)
<input type="checkbox"/>	The finished program or schedule including start, finish & break times
<input type="checkbox"/>	Biography of presenter(s)

Conflict of Interest Declaration

I declare to the best of my knowledge that I do not have any professional or personal conflict in relation to RACDS granting approval of this CPD activity.

Course organiser <i>(contact person's name)</i>			
Signature		Date	
Course presenter/facilitator name			
Signature		Date	

Payment

Please pay the application fee online via the [RACDS website](#) before submitting this form.

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