



## Application for Completion of Research Requirement

**FOMS 09**

### Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who are applying for completion of research requirement in accordance with the [Accredited Training in OMS Handbook](#).
- Please complete this form and email with [certified copies](#) of supporting documents to [omstrainee@racds.org](mailto:omstrainee@racds.org) by closing date. Late and incomplete applications will not be accepted.

### Applicant Details

First name		RACDS ID (if known)	
Last name			
Email address			

### Research Requirement (select one pathway)

<input type="checkbox"/> <b>Pathway 1</b> <i>Completion of a formal research project undertaken as part of a postgraduate research qualification</i>	Date of completion	
	Institution	
	Degree	
	Date completion of research confirmed by Research Committee	
<input type="checkbox"/> <b>Pathway 2</b> <i>Independent research culminating in a paper accepted for publication in a peer-reviewed journal</i>	Date research proposal approved by Research Committee	
	Journal and title of paper	
	Date of publication	
	Date completion of research approved by Research Committee	
	Research methodology course completed	
<b>Presentation</b>	<input type="checkbox"/> I have presented a paper at a national annual conference of the specialty (or equivalent) at least once during my advanced surgical training.	

### Director of Training Declaration

I hereby declare that Dr \_\_\_\_\_ has satisfactorily completed the mandatory research requirements.

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 is required to do so by law.

Signature		Date	
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