



## Application for Micro-credentialing in Oral and Maxillofacial Surgery

FOMS 14

### Instructions

- This form is for Fellows of the Royal Australasian College of Dental Surgeons (OMS) or equivalent seeking post fellowship credentialing.
- Please complete this form and email with [certified copies](#) of supporting documents to [oms@racds.org](mailto:oms@racds.org). Late and incomplete applications will not be accepted. Your application may take up to three months to assess from the date you submit it.

### Applicant Details

First name				RACDS ID <i>(if known)</i>	
Last name					
Other names				Date of birth <i>(dd/mm/yy)</i>	
Email address					
Phone	M		H		W
Mailing address					

### Micro-credentialing Details

**Cranio-Maxillofacial Surgery**

Please refer to [Requirements for Credentialing – Cranio-Maxillofacial Surgery](#)

**Head and Neck Surgery**

Please refer to [Requirements for Credentialing – Head and Neck Surgery](#)

*Surgeons may apply for comprehensive credentialing in either or both, ablative and reconstructive surgery.*

Please select either or both:

**Ablative**

Management of oral and mid midfacial tumours, including the primary and neck.

Management of salivary gland tumours including the primary and neck

**Reconstructive**

Loco-regional flap reconstruction including grafting

Distant flap reconstruction

Microvascular free flap reconstruction



### Qualifications

Evidence relevant to the selected area of credentialing has been attached to this application to establish that I am:

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent, currently appointed as a surgeon in this discipline at a teaching hospital.

Yes

or

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of 12 months post fellowship training at a recognised training institution.

No

or

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of three years advanced surgical training in units with a recognised training program in this discipline.

### Applicant Declaration

I hereby declare that all information supplied in this application for micro-credentialing 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 micro-credentialing 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	AUD <input type="text"/>
Invoice/ receipt number	<input type="text"/>