



## MSDP06 – Application for Membership (SDP) via Transitional Arrangements

Membership in Specialist Dental Practice via Transitional Arrangement is available to selected applicants who meet the eligibility criteria in Appendix 2 of the [Specialist Dental Practice Handbook](#).

This assessment is to confirm eligibility only and must be approved by the Registrar (SDP). Successful applicants will then need to submit an application for Admission to Membership (form [GEN03](#)).

First Name		RACDS ID <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
Email			

### Section 1 – Personal Details

- I am already a Member or a Fellow of the College – Go to Section 2
- My details have changed – Complete only details which have changed

Phone	M		H		W	
Mailing Address						
Principle Work Address						
Academic Qualifications	Degree	Institution			Year	
<input type="checkbox"/> I do not wish to have my details included in the members-only professional contact database						

### Section 2 – Eligibility Categories – Membership in Dental Surgery ONLY

Please select the category under which you are applying. If more than one category applies select the most relevant. Eligibility criteria taken from [SDP Handbook](#).

- Category A** – Completion of a Master’s Degree or Clinical Doctorate in a Specialist Dental Practice discipline from a university program which led to registration with the Australian Dental Council or Dental Council of New Zealand
- Category B** – Completion of a full time, supervised training program of advanced training of a minimum of three (3) years full time duration, outside Australia where that program and qualification has been recognised for registration as a specialist by the Dental Board of Australia or Dental Council of New Zealand



### Section 3 – Attachments

- Up to date Curriculum Vitae
- Certified\* copy/ies of postgraduate qualification/s in specialist discipline
- Registration number/s OR Certified\* evidence of specialist registration, recognition or eligibility

\*Please see '[Certified Documents](#)' on the College website for details of eligible persons and requirements for certification/verification of documents.

### Section 4 – Declaration

- I hereby declare that all information provided in this application is true and correct to the best of my knowledge

**Signature** \_\_\_\_\_  
*(Unsigned applications will not be processed)*

**Date** \_\_\_\_\_



Section 5 – Payment Options													
<b>Payment Amount</b>	Transitional Arrangement Assessment Application Fee <b>\$AU</b> _____ (no GST applicable)												
Please select payment method													
<input type="checkbox"/> <b>Electronic Funds Transfer</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Bank</b></td> <td>Westpac Banking Corporation</td> </tr> <tr> <td><b>Branch Address</b></td> <td>60 Martin Place, Sydney NSW 2000 Australia</td> </tr> <tr> <td><b>Account Name</b></td> <td>Royal Australasian College of Dental Surgeons</td> </tr> <tr> <td><b>BSB Number</b></td> <td>032 024</td> </tr> <tr> <td><b>Account Number</b></td> <td>80 1095</td> </tr> <tr> <td><b>Bank Swift Code</b> <small>(for accounts outside Australia)</small></td> <td>WPACAU2S</td> </tr> </table>	<b>Bank</b>	Westpac Banking Corporation	<b>Branch Address</b>	60 Martin Place, Sydney NSW 2000 Australia	<b>Account Name</b>	Royal Australasian College of Dental Surgeons	<b>BSB Number</b>	032 024	<b>Account Number</b>	80 1095	<b>Bank Swift Code</b> <small>(for accounts outside Australia)</small>	WPACAU2S
	<b>Bank</b>	Westpac Banking Corporation											
	<b>Branch Address</b>	60 Martin Place, Sydney NSW 2000 Australia											
	<b>Account Name</b>	Royal Australasian College of Dental Surgeons											
	<b>BSB Number</b>	032 024											
	<b>Account Number</b>	80 1095											
<b>Bank Swift Code</b> <small>(for accounts outside Australia)</small>	WPACAU2S												
<input type="checkbox"/> <b>Credit Card</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Card Type</b></td> <td> <input type="radio"/> <b>MasterCard</b>    <input type="radio"/> <b>Visa</b> </td> </tr> <tr> <td><b>Card Holder Name</b></td> <td></td> </tr> <tr> <td><b>Card Number</b></td> <td></td> </tr> <tr> <td><b>Expiry Date</b></td> <td></td> </tr> <tr> <td><b>CCV</b></td> <td></td> </tr> <tr> <td><b>Card Holder Signature</b></td> <td></td> </tr> </table>	<b>Card Type</b>	<input type="radio"/> <b>MasterCard</b> <input type="radio"/> <b>Visa</b>	<b>Card Holder Name</b>		<b>Card Number</b>		<b>Expiry Date</b>		<b>CCV</b>		<b>Card Holder Signature</b>	
	<b>Card Type</b>	<input type="radio"/> <b>MasterCard</b> <input type="radio"/> <b>Visa</b>											
	<b>Card Holder Name</b>												
	<b>Card Number</b>												
	<b>Expiry Date</b>												
	<b>CCV</b>												
<b>Card Holder Signature</b>													
<ul style="list-style-type: none"> <li>Please see the College website for the <a href="#">Refunds</a>.</li> </ul>													
This form should be submitted													
<b>Email</b>	<a href="mailto:info@racds.org">info@racds.org</a>												
<b>Applications close</b>	01/06/2023												