



Application for OMS Fellowship Examination Eligibility **FOMS 05**

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees who are applying for eligibility for the Fellowship Examination in accordance with the [Accredited Training for OMS Handbook](#).
- Please complete this form and email with your up-to-date formative assessment reports and Annual Logbook Summary to omsexams@racds.org by the closing date. Late and incomplete applications will not be accepted.

Applicant Details

| | | | |
|--------------------------------|--------|------------------|------------|
| First name | | | RACDS ID |
| Last name | | | (if known) |
| Email address | | | |
| Training centre | | | |
| Training history | OMS 1 | Post/Hospital: | Year: |
| | OMS 2 | Post/Hospital: | Year: |
| | OMS 3 | Post/Hospital: | Year: |
| | OMS 4 | Post/Hospital: | Year: |
| Period of interrupted training | OMS __ | Period of leave: | Year(s): |

Director of Training Declaration

I hereby declare that Dr _____ has met the following requirements:

- passed the Surgical Science and Training Examination.
- is in the final eighteen (18) months or has just completed the final eighteen (18) months of OMS training at the time of the examination.
- has been registered as an accredited trainee for the duration of training.
- has satisfactory formative assessment reports for any accredited training.
- has completed all required assessments during the training period and at least one (1) satisfactory Team Appraisal of Conduct.

On behalf of the Regional Surgical Committee, I recommend that the trainee be assessed to undertake the Fellowship Examination.

Director of Training

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 _____



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 | <input type="text" value="AUD"/> |
| Invoice/ receipt number | <input type="text"/> |