



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.

Applicant Details

First name		RACDS ID <i>(If known)</i>	
Last name			
Email address			

Research Requirement (select one pathway)

1	<i>Completion of a formal Research project undertaken as part of a postgraduate research qualification</i>	Date of completion	
		Institution	
		Degree	
2	<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	
		Research methodology course completed	
Presentation		I have presented a paper at a national annual conference of the specialty (or equivalent) at least once during my 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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Administration/ College Staff Only

Date completion of research approved by Research Committee	
Staff member	