



## Application for Specialist Assessment of Comparability in Australia

**FOMS 15**

### Instructions

- This form is for overseas-trained Oral and Maxillofacial Surgery (OMS) specialists applying for assessment of comparability to the standard of an OMS specialist trained in Australia (specialist recognition).
- Applicants must first verify qualifications through the Educational Commission for Foreign Medical Graduates ([ECFMG](#)) Electronic Portfolio of International Credentials (EPIC) and establish an Australian Medical Council ([AMC](#)) portfolio.
- Please complete this form and email with [certified copies](#) of supporting documents to [omsimg@racds.org](mailto:omsimg@racds.org). If your application is incomplete, you have three (3) months to submit outstanding requirements before your application expires. Your application may take up to three (3) months to assess from the date submitted.

### Applicant Details

First name				RACDS ID	(if known)
Last name				Date of birth	(dd/ mm/ yyyy)
Email address					
Phone	M		H		W
Mailing address					

### Qualifications and Training

<b>Dental qualification</b>	(e.g., Doctor of Dental Medicine)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of dental school)	End date	(dd/mm/yyyy)
Address			
Dental registration	(e.g., Dental Board of Australia)	Registration no.	
Conditions		Expiry date	(dd/mm/yyyy)
<b>Medical qualification</b>	(e.g., Doctor of Medicine)	Start date	(dd/mm/yyyy)
Institution name	(i.e., Name of medical school)	End date	(dd/mm/yyyy)
Address			
Medical registration	(e.g., Medical Board of Australia)	Registration no.	
Conditions		Expiry date	(dd/mm/yyyy)



<b>Pre-specialist training</b>	(e.g., Medical and/or surgical internship)	<b>Start date</b>	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s)	<b>End date</b>	(dd/mm/yyyy)
Address			
Rotations covered			
<b>Specialist training</b>	(i.e., Oral and Maxillofacial Surgery)	<b>Start date</b>	(dd/mm/yyyy)
Institution name	(i.e., Name of specialist medical college)	<b>End date</b>	(dd/mm/yyyy)
Address			
Details of specialist training (i.e., duration, structure, workplace-based assessments, examinations)			
<b>Post-specialist training</b>	(e.g., Head and neck surgery)	<b>Start date</b>	(dd/mm/yyyy)
Institution name	(i.e., Name of hospital/s)	<b>End date</b>	(dd/mm/yyyy)
Address			
Details of post-specialist training (i.e., duration, structure, workplace-based assessments, examinations)			



### Primary Source Verification of Qualifications

Have you verified your primary and specialist qualifications through the Educational Commission for Foreign Medical Graduates ([ECFMG](#)) Electronic Portfolio of International Credentials (EPIC)?

Yes  No  
EPIC number:

Have you established your portfolio via the Australian Medical Council ([AMC](#))?

Yes  No  
AMC number:

### Supporting Documents

Please attach the following [certified documents](#) to this application:

- Curriculum vitae
- Evidence of identity (i.e., current passport) and change of name (i.e., statutory declaration) if applicable
- Evidence of English language proficiency following the Australian Health Practitioner Regulation Agency (AHPRA) [English language skills registration standard](#)
- Primary dental qualification and registration
- Primary medical qualification and registration
- Specialist qualification and registration
- Specialist training details (e.g., training handbook, curriculum)
- Fellowship or additional qualification/s
- Detailed surgical logbook listing all surgical procedures performed during specialist and post-specialist training indicating role in each procedure
- Details and evidence of research activities and publications
- Details and evidence of continuing professional development activities for the last four (4) years
- Three (3) professional references

All documents must be in English, or translated in English following the AHPRA's [requirements for translating documents](#).

### Applicant Declaration

I hereby declare that all information supplied 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 (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 application process. I understand that if I fail to provide this information the RACDS will be unable to process my application.

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

Amount paid

Invoice number