



Registration for Surgical Science and Training (SST) Examination

FOMS 04

Instructions

- This form is for eligible candidates who are registering for the SST Examination in accordance with the [Accredited Training in OMS Handbook](#).
- Please complete this form and email to omsexams@racds.org by the closing date. If you are not an OMS trainee, please include [certified copies](#) of supporting documents with your registration. Late and incomplete applications will not be accepted.

Applicant Details

First name				RACDS ID <i>(if known)</i>	
Last name					
Email address					
Phone	M		H		W
Mailing address					

Eligibility

1.	Are you a registered OMS 1 Trainee?	<input type="checkbox"/> YES Training centre: <input type="text"/> <i>(Please proceed to next section)</i>	<input type="checkbox"/> NO <i>(You are not eligible to register)</i>
2.	Are you a fully registered medical and dental practitioner in Australia or New Zealand who has completed or is currently completing full year of surgery in general (SIG)?	<input type="checkbox"/> YES Medical registration number: <input type="text"/> Dental registration number: <input type="text"/> Australian or New Zealand passport number: <input type="text"/> SIG details: <input type="text"/>	<input type="checkbox"/> NO <i>(You are not eligible to register)</i> State or region of registration: <input type="text"/> State or region of registration: <input type="text"/> Expiration date: <input type="text"/>



Director of Training Approval

I hereby declare that I support the registration of Dr _____ to undertake the SST Examination.

Name _____

Date _____

Signature _____

Consent for Examination Recording

From 2024, audio and visual recording will be implemented during *viva voce* sessions. Use, access and retention of examination recordings are stringently managed in accordance with the RACDS [Recording of Examinations Policy](#).
By registering for the SST Examination, you are required to grant consent to be recorded during your *viva voce* sessions. Consent is required as a condition of sitting the SST Examination.

I hereby grant consent to be recorded for the SST Examination *viva voce* sessions, in accordance with the RACDS [Recording of Examinations Policy](#).

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. Refer to the RACDS [Refund Policy](#) for information on refunds.

Date of payment

Amount paid

AUD

Invoice/ receipt
number