



<h2 style="margin: 0;">Application for Micro-credentialing in Oral and Maxillofacial Surgery</h2>	<h2 style="margin: 0;">FOMS 14A</h2>
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Instructions

- This form is for Fellows of the Royal Australasian College of Dental Surgeons (OMS) or equivalent seeking post fellowship credentialing.
- Please complete this form and email with [certified copies](#) of supporting documents to oms@racds.org. Late and incomplete applications will not be accepted. Your application may take up to three months to assess from the date you submit it.

Applicant Details

First name					RACDS ID <i>(if known)</i>		
Last name							
Other names					Date of birth <i>(dd/mm/yy)</i>		
Email address							
Phone	M		H		W		
Mailing address							

Micro-credentialing Details

Cranio-Maxillofacial Surgery
Please refer to [Requirements for Credentialing – Cranio-Maxillofacial Surgery](#)

Head and Neck Surgery
Please refer to [Requirements for Credentialing – Head and Neck Surgery](#)
Surgeons may apply for comprehensive credentialing in either or both, ablative and reconstructive surgery.
Please select either or both:

Ablative
Management of oral and mid midfacial tumours, including the primary and neck.
Management of salivary gland tumours including the primary and neck

Reconstructive
Loco-regional flap reconstruction including grafting
Distant flap reconstruction
Microvascular free flap reconstruction



Qualifications

Evidence relevant to the selected area of credentialing has been attached to this application to establish that I am:

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent, currently appointed as a surgeon in this discipline at a teaching hospital.

or

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of 12 months post fellowship training at a recognised training institution.

or

Fellow of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of three years advanced surgical training in units with a recognised training program in this discipline.

Yes

No

Applicant Declaration

I hereby declare that all information supplied in this application for micro-credentialing 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 micro-credentialing application process. I understand that if I fail to provide this information the RACDS will be unable to process my application.

I understand that the outcome of my application may take up to three months from submission.

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.

If you are an OMS Fellow, this service is included in your annual fee and you are not required to submit payment with this form.

Date of payment	<input type="text"/>
Amount paid	AUD <input type="text"/>
Invoice/ receipt number	<input type="text"/>