Royal Australasian College of Dental Surgeons
Let knowledge conquer disease

FSDP01 – Assessment of Eligibility to sit Fellowship Examination in Specialist Dental Practice (SDP)

Candidates are eligible to sit the Fellowship Examination in a Specialist Dental Practice discipline if they have obtained Membership in the same discipline and have completed at least five years of documented specialist practice. Fellowship cannot be obtained via prior recognition of other qualifications or experience.

This application is to confirm eligibility to sit the examination only and must be approved by the relevant Board of Studies. Successful applicants will then need to enrol for the examination (form FSDP02).

First Name		RACDS ID *(if known)*	
Last Name			
Other Names		Date of Birth *(dd/mm/yy)*	
Email			

Section 1 – Personal Details

☐ **I already have a subscription or Affiliate membership** – *Go to Section 2*

☐ **My details have changed** – *Complete only details which have changed*

Phone	M		H	W	
Mailing Address					
Principle Work Address					

Academic Qualifications	Degree	Institution	Year

☐ I do not wish to have my details included in the members-only professional contact database

Section 2 – Specialist Discipline

Please select only one

#69	☐ Endodontics	#72	☐ Periodontics
#124	☐ Oral Medicine	#73	☐ Prosthodontics
#70	☐ Orthodontics	#19	☐ Special Needs Dentistry
#71	☐ Paediatric Dentistry	#126	☐ Dental Public Health (Community Dentistry)

Section 3 – Attachments

- Curriculum vitae
- Evidence Portfolio which includes:
    - Log Book Summary
    - Certified* evidence of Continuing Professional Development
    - Summary of lectures and presentations delivered
    - Research and publications
    - Professional and community service
    - Administrative responsibilities

*Please see 'Certified Documents' on the College website for details of eligible persons and requirements for certification/verification of documents.

Section 4 – Declaration

I hereby apply for Assessment of Eligibility to sit the Fellowship Examination in Specialist Dental Practice.

Signature _____ *(Unsigned applications will not be processed)*	**Date** _____

Section 5 – Payment Options

Assessment of Eligibility for Examination Fee (SDP)

Payment Amount	$AU _____	$NZ _____
	(Please refer to the Fee Schedule on the College website for the applicable fee amount)	

Please select payment method

☐ Electronic Funds Transfer	Bank	Westpac Banking Corporation
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia
	Account Name	Royal Australasian College of Dental Surgeons
	BSB Number	032 024
	Account Number	80 1095
	Bank Swift Code (for accounts outside Australia)	WPACAU2S
	*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.	
☐ Credit Card	Card Type	◯ **MasterCard** ◯ **Visa**
	Card Holder Name	
	Card Number	
	Expiry Date	
	CCV	
	Card Holder Signature	
	***** The Assessment of Eligibility for an Examination fee is non-refundable*****	

This form should be submitted

Email	info@racds.org
Applications close	Please refer to the Education Calendar for up-to-date deadline & examination dates.