Royal Australasian College of Dental Surgeons
Let knowledge conquer disease

FSDP02 – Enrolment for 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 three (3) years of documented specialist practice. Candidates must be approved via an Assessment of Eligibility application (form FSDP01) before enrolling for the Fellowship Examination.

Candidates who are successful in the examination will then be invited to apply for Admission to Fellowship (form GEN03).

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

#83	☐ Endodontics	#66	☐ Periodontics
#1	☐ Oral Medicine	#10	☐ Prosthodontics
#56	☐ Orthodontics	#110	☐ Special Needs Dentistry
#141	☐ Paediatric Dentistry	#18	☐ Dental Public Health (Community Dentistry)

Section 3 – Declaration

1. I hereby apply to be enrolled as a candidate for the Membership Examination in Specialist Dental Practice (applicable to all disciplines)

2. I understand that:
   - I must submit my case reports for the examination as per the requirements in the Handbook – Specialist Dental Practice (not applicable to Dental Public Health)
   - My examination enrolment fee may not be fully refunded if I am unable to submit suitable cases (not applicable to Dental Public Health)
   - I am appropriately registered to practice with a recognised authority (e.g.Dental Board of Australia/Dental Council of NZ), and I am in good standing with that authority without any reprimands, cautions, conditions, restrictions, limitations or undertakings on my registration or practice.

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

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Section 4 – Payment Options

Examination Enrolment 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*****

- Enrolment is valid only for the examination sitting to which the candidate has been admitted
- The College reserves the right to amend the timing and dates of examinations whenever conditions warrant. Where examinations are cancelled or postponed, a full refund of the Examination Enrolment fee will be issued. The College takes no responsibility for any other costs incurred by the candidate.

This form should be submitted

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