



MSDP03 – Assessment of Eligibility and Enrolment for a Conjoint Membership Examination in Specialist Dental Practice (SDP)

Conjoint examination options are in place for the College of Dental Surgeons of Hong Kong Membership in Community Dentistry/Dental Public Health examination. Candidates do not need to submit a separate assessment of eligibility form to enrol in a conjoint examination.

Candidates who are successful in the examination will then be invited to apply for Admission to Membership with the RACDS (form [GEN03](#)).

First Name		RACDS ID <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
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	
<input type="checkbox"/> I do not wish to have my details included in the members-only professional contact database						

Section 2 – Specialist Discipline

Please select only one

#64	<input type="checkbox"/> Orthodontics
#2	<input type="checkbox"/> Dental Public Health (Community Dentistry)*

*Eligibility to sit the Membership Examination in Dental Public Health is based on any program or appropriate combination of education and experience as approved by the Board of Studies in Dental Public Health.



Section 3 – Eligible Qualifications

Please contact individual universities for examination timing

CDSHK (Comm Dent)	<input type="checkbox"/> Please contact CDSHK to confirm both dates and venue(s)	
Degree/Program		
Duration (years)	<input type="radio"/> Full Time	<input type="radio"/> Part Time

Section 4 – Attachments

You do not need to supply documents which were previously submitted with a Subscription Application/Renewal.

Degree/Program Completed:	<input type="radio"/> Certified* copy/ies of postgraduate qualification/s in specialist discipline	<input type="radio"/> N/A
	<input type="radio"/> Certified* evidence of accreditation of qualification or recognition as a specialist (<i>not required for Australian/New Zealand qualifications</i>)	<input type="radio"/> N/A
*Please see ' Certified Documents ' on the College website for details of eligible persons and requirements for certification/verification of documents.		
OR	<input type="radio"/> Declaration below completed by Program Director or equivalent	
Degree/Program within six months of completion:	I _____ <small>(Name and Position)</small>	
	<u>hereby confirm that the applicant is enrolled in the program listed in Section 2 & 3 and that clinical training is anticipated to be completed by:</u> _____ <small>day / month / year</small>	
	Signature _____	Date _____
	<small>(Unsigned applications will not be processed)</small>	

Section 5 – Declaration

I hereby apply to be enrolled as a candidate for a Conjoint Membership Examination in Specialist Dental Practice. I understand that:

- It is my responsibility to meet all university or other College requirements for enrolment/registration for the Conjoint Membership Examination
- Clinical training must be completed within twelve months of the examination (where applicable)
- The results of the examination will not be available to me until the university confirms in writing that I had met all the requirements for my degree / the results of the examination will be released in conjunction with other Colleges.
- 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 _____ <small>(Unsigned applications will not be processed)</small>	Date _____
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Section 6 – Payment Options

Examination Enrolment Fee (SDP)

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

Please select payment method

<input type="checkbox"/> 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 <small>(for accounts outside Australia)</small>	WPACAU2S	
	<small>*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.</small>		
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		
<p>*** The Assessment of Eligibility for an Examination fee is non-refundable***</p> <ul style="list-style-type: none"> Please see the College website for the Refunds and Special Consideration Policies. Enrolment is valid only for the examination sitting to which the candidate has been admitted. 			

This form should be submitted

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