



MSDP04 – Enrolment for the Membership Examination in Specialist Dental Practice (SDP)

Candidates are eligible to sit the Membership Examination if they hold, or are in the final year of, a three-year postgraduate degree (such as a Masters or Doctorate) that has been accredited for specialist registration or recognition by the appropriate authority. Candidates must be approved via an Assessment of Eligibility application (form [MSDP02](#)) before enrolling for the Membership examination.

Candidates who are successful in the examination will then be invited to apply for Admission to Membership (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

#82	<input type="checkbox"/> Endodontics	#53	<input type="checkbox"/> Periodontics
#125	<input type="checkbox"/> Oral Medicine	#67	<input type="checkbox"/> Prosthodontics
#64	<input type="checkbox"/> Orthodontics	#68	<input type="checkbox"/> Special Needs Dentistry
#65	<input type="checkbox"/> Paediatric Dentistry	#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 – 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 _____



Section 4 – 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	
<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"> • 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. 			

This form should be submitted

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