

LICENCE IN DENTAL SURGERY EXAMINATION

The Faculty of Dental Surgery
of
The Royal College of Surgeons of England

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APPLICATION FOR APPOINTMENT TO THE PANEL OF EXAMINERS

Please present all your details on this form and do not send in supplementary information.

PERSONAL DETAILS

Surname:	Home address
First names:	
Title:	
Date of birth:	
Home telephone:	
	Postcode:

PRESENT APPOINTMENT

Post:	Date Commenced:
Hospital:	
Address:	
Postcode:	
Telephone No	Fax Number:
E-mail address:	

WHAT IS YOUR SUB-SPECIALTY INTEREST WITHIN YOUR MAIN SPECIALTY?

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EDUCATION

Qualifications obtained (include degrees, diplomas, and professional examinations)

Basic qualifying degree Institute and location	Year	Exam/Qualifications	Year

Exam/Qualifications	Year	Exam/Qualifications	Year

WORKING EXPERIENCE

PREVIOUS CONSULTANT/SENIOR REGISTRAR/SPECIALIST REGISTRAR APPOINTMENTS

Hospital/Institution and Location	Position Held	Dates	
		From	To

MEMBERSHIP OF OTHER EXAMINATION BOARDS, EXAMINERSHIPS, EXPERIENCE AS AN EXAMINER.

Professional Body	Subject	Dates	
		From	To

RESPONSIBILITIES FOR EDUCATION AND TRAINING

Nature of Training	Role	From	To
Undergraduate			
Postgraduate			
SHO/GPT			

Spec Reg / FTTA			
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EXPERIENCE IN MANAGEMENT AS CLINICAL DIRECTOR, LEAD CONSULTANT ETC

RESEARCH INTERESTS

THREE MOST RECENT PUBLICATIONS – please list below

ANY FURTHER EXPERIENCE THAT MAY BE OF RELEVANCE TO THE POST OF EXAMINER

I wish to fill the vacancy for an examiner representing the:

Faculty of Dental Surgery of The Royal College of Surgeons of England

If appointed, I am prepared to undergo training and, thereafter, to serve on the Panel of Examiners for a period of five years. I understand that, normally, examiners are given at least six months notice of examination diets and I will undertake to make myself available to examine at most diets. I also agree to contribute to question banks.

While I cannot guarantee that I will not retire from dental consultant practice within the next 6 years, I confirm that I have not made definite plans to do so.

Signed:

Date:

PLEASE RETURN COMPLETED FORM TO: -

E-mail: dentalexams@rcseng.ac.uk

The final decision rests with the Dental Faculty Board/Council.

FOR OFFICIAL USE

DATE RECEIVED	BOARD	APPROVED YES/NO