

**APPLICATION INFORMATION FOR**

**MEMBERSHIP IN DENTAL SURGERY** *ad eundem*

Qualified persons may be admitted as Member *ad eundem* provided that the Board is satisfied that their standing in the profession of dental surgery is equivalent to those individuals who already hold the Membership examination of The Royal College of Surgeons (subject to compliance with any conditions prescribed by the Board).

1. Applicants who have not passed the relevant Intercollegiate Specialty Board Examination or Membership Examination*,* but otherwise are considered qualified for Membership *ad eundem* of the Faculty of Dental Surgery at The Royal College of Surgeons of England must complete all parts of this form. In case of any doubt, advice should be sought from the Fellowship & Awards Committee Secretariat (jdonald@rcseng.ac.uk.).
2. Applicants are required to be nominated by one Member or Fellow of this College. The nominator would then obtain the support of a current Elected Board Member, who would take it to the Fellowship & Awards Committee. A Member or Fellow nominating an applicant must:
* Have achieved their Membership or Fellowship only by successful completion of the examinations process.
* Have completed a minimum of 5 years as an NHS Consultant, or in an equivalent position.
* Have close personal knowledge, over a period of at least 12 months, of the applicant’s clinical and surgical skills; and accordingly have complete confidence that the applicant is consistently working at a level equivalent to an NHS Consultant.

3. Applicants who have passed an Intercollegiate Specialty Board Examination or Membership Examination and hold a Membership of one of the UK Royal Colleges will be immediately eligible for Membership ad eundem and need not complete Section 5. In case of any doubt, advice should be sought from the Fellowship & Awards Committee Secretariat (jdonald@rcseng.ac.uk.).

**SUBSCRIPTION**

All Fellows and Members *ad eundem* **are required to pay an Annual Subscription to the Royal College**. The fees are dependent upon current residency or place of work at the time the subscription becomes due. The fees are decided by RCS Council annually. For the Regulations of Council relating to subscriptions follow the link <http://www.rcseng.ac.uk/about/docs/council-regulations.doc>.

**PROCESS**

1. All parts of this application form must be completed. Please **ensure it is duly signed by the applicant and the nominator and Board Member**. Together with **the applicant’s current CV,** it should be sent or Jane Donald. Faculty of Dental Surgery, The Royal College of Surgeons of England, 35-45 Lincoln’s Inn Fields, London, WC2A 3PE, United Kingdom. (jdonald@rcseng.ac.uk.)

2. Once the form is received at the Faculty, the nomination will be put forward to the Fellowship & Awards Committee and, if the Membership is supported, it will be agreed by the Executive Committee and ratified at a subsequent Board meeting.

3. The *ad eundem* nominee will be notified by the Dean’s office when the process is complete and will be invited to one of the Faculty’s Diplomates’ ceremonies to receive their award.

 **APPLICATION FOR Membership *ad eundem***

**PART A: To be completed by the Applicant**

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| SECTION 1 – Applicant - Personal Details |
| Title:  |  |
| First Names:  |
| Last Name:  |
| Gender  |  | Male |  | Female |

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| SECTION 2 – Contact Details |
| HOME | WORK |
| Address | Address |
|  |  |
|  |  |
|  |  |
| Postcode/Zip code | Postcode/Zip code |
| Country: | Country: |
| Email: | Email: |
| Preferred place of contact:  |  | Home |  | Work |

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| SECTION 3 - Qualifications |
| Primary qualification: | Date Awarded |
| Name of awarding institution/College: | Country: |
| Higher qualifications (please list) | Date: |
| GDC number (if held): | GDC Specialist Register : YES/ NO |
| Non UK – Board Certified or equivalent: YES/NO |

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| SECTION 4 – Current Employment |
| Job Title: |
| Specialty: | Date appointed: | Full Time/Part Time |
| Description of role: |
| Place of Employment: |

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| SECTION 5 – Personal Statement |
| Briefly outline your reason for wishing to become a Fellow of the RCS.  |

Part B: To be completed by **Nominator and supporting Elected Board Member**

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| SECTION 1 Nominator |
| Name: | Membership number: |
| Email address: |
| Please provide details of examinations obtained or by which route you gained your qualification. |
| Please give details of the individual you wish to nominate for Membership *ad eundem.* |
| Please explain in detail why you are nominating this person for an *ad eundem,* together with how you have gained recent personal knowledge of the applicant’s clinical skills, over a period of at least 12 months, in support of their application.  |
| Please also provide appropriate evidence of the applicant’s ability to work consistently at the level that would be expected of a Member of the Faculty. Please list the contributions that the applicant makes, or intends to make, to the College ie. Examinations, education, regional advisor etc. or contribution to dentistry in the national form. |
| I confirm that there are no conflict of interest issues ie. that I am related to the applicant or that I might personally or materially gain from nominating the applicant for an *ad eundem.* Signature:……………………………………………………………………Date:………………………………………………………………………… |
| SECTION 2 Elected Board Member  |
| Name: | RCS Fellowship number: |
| Email address: |
| Signature: ………………………………………………………………………Date: ………………………………………………………………………………. |