**APPLICATION INFORMATION FOR**

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

There are 2 routes to gain Membership *ad eundem* of the Faculty of Dental Surgery.

**Route A**

**Candidates who have passed an Intercollegiate Specialty Board Examination or Membership Examination and hold a Membership of one of the Royal Colleges of the UK or Ireland.**

Such qualified persons will be eligible for Membership *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).

Further information can be sought from the Fellowship & Awards Committee Secretariat (hjohnsto@rcseng.ac.uk.).

**PROCESS**

1. The application form below must be completed and along with a current curriculum vitae should be sent to Hazel Johnstone. Faculty of Dental Surgery, The Royal College of Surgeons of England, 35-45 Lincoln’s Inn Fields, London, WC2A 3PE, United Kingdom, or electronically to (hjohnsto@rcseng.ac.uk.) Incomplete application forms will not be considered.

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.

**SUBSCRIPTION**

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>.

 **APPLICATION FOR Membership *ad eundem***

**Route A**

**ForCandidates who have passed an Intercollegiate Specialty Board Examination or Membership Examination and hold a Membership of one of the Royal Colleges of UK or Ireland.**

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

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| SECTION 1 – Applicant - Personal Details |
| Title:  |  |
| First Names\*:  |
| Last Name\*:  |
| Gender  |  |

\*NB if you gained qualifications that you are declaring on this form using another name please make this clear

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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: |
| Royal College Qualification(s) gained by examination: | College Awarding | Date |
| GDC number : |  |
| GDC Specialist Register : YES/ NO | If yes state Specialist list: |
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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 Signature and declarations |
| The Faculty of Dental Surgery/ Royal College of Surgeons of England may be asked by employers, government bodies or other similar organisations to verify an individual’s membership/qualification status.I consent to the Faculty of Dental Surgery/ Royal College of Surgeons of England providing verification of my membership status to third parties | Yes/ No |
| The Faculty of Dental Surgery/ Royal College of Surgeons of England may seek to verify an individual’s membership/qualification status with another Royal College, government body or similar organisation.I give consent to the Faculty of Dental Surgery/ Royal College of Surgeons of England contacting other appropriate bodies to verify my qualification status | Yes/ No |
| I confirm that I am in good standing with the Royal College(s) of my Membership/Fellowship affiliation | Yes/ No |
| I confirm that I am in good standing with my professional regulatory body | Yes/ No |
| I declare that the information I have given is correctSignature: ………………………………………………………………………….Printed name……………………………………………………………………….Date: ………………………………………………………………………………. |

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| SECTION 5 Signature |
| I declare that the information I have given is correctSignature: ………………………………………………………………………Date: ………………………………………………………………………………. |