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**Examination Application Form for**

**INTERCOLLEGIATE DIPLOMA OF MEMBERSHIP IN ORTHODONTICS  
PART 2 APPLICATION FORM**

**This form is to be completed and returned to the Examination Office, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE not later than the published closing date for the examination. The examination fee must accompany this form. Cheques, banker's drafts or credit card payments should be made payable to the Royal College of Surgeons of England.**

1 Surname : ..... Title : .....

Block Capitals

2 Other Names : .....

Block Capitals

3 Male / Female (*delete as required*) Date of Birth : ...../...../.....

4 Address : .....

.....

.....

Post Code : ..... Tel. No. : .....

Fax. No. : ..... Email:.....

5 Primary Dental Qualification:..... Date Conferred:...../...../.....

University/Dental College:.....

Country of Qualification:.....

GDC Registration No(if applicable): ..... Date: ...../...../..... Limited / Provisional / Full

**Please send original, or attested copies, of all certificates.**

6 Date of obtaining FDS/ MFDS /or equivalent (*delete as appropriate*): Date:...../...../.....

Awarding College : .....

**(Candidates must provide evidence of having passed FDS/MFDS/or equivalent)**

7 Date of Examination for which candidate wishes to appear: Date:...../...../.....

8 Have you previously sat this examination before: YES/NO Date:...../...../.....

9 Which College do you wish to affiliate to? (*delete as appropriate*)England Glasgow

PLEASE INCLUDE  
2  
PASSPORT  
PHOTOS

**10Declaration** (To be signed by ALL candidates)

**I have read the current Regulations of this examination and understand the eligibility criterion and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.**

Signature of Applicant : ..... Date:...../...../.....

Sections A, B or C are to be completed and signed by the **Orthodontic Training Programme Director**. (Candidates re-entering for the examination do not need to complete certificates A and B).

**A. SPECIALTY TRAINING**

I certify that ..... will have completed a recognised specialty training programme at :-.

Name of Centre : .....

Training Number : ..... Whole time / part time (sessions per week) : .....

From : ..... To : .....

Name : ..... Status : .....  
(Block Capitals) (Please refer to top of page)

Signature : ..... Date : ...../...../.....

Please note candidates may enter for the examination after two and a half years (or part time equivalent) training.

**B EXEMPTIONS**

(i) Candidates who have passed a written paper on subjects covered by the SAC syllabus as a component of that Masters Degree will be exempt from the written paper.

Candidates holding a Masters Degree based solely on research must take the written paper.

I certify that ..... has passed a written paper on subjects covered by the SAC approved syllabus (Delete as appropriate ).

Name : ..... Status : .....  
(Block Capitals) (Block Capitals)

Signature : ..... Date : ...../...../.....

(ii) Candidates having failed the examination but passed the treated cases section will be exempt from this section for the following examination.

(iii) Candidates must be able to demonstrate experience in research methodology and this will normally be illustrated by completion of the research methodology component of a recognised Masters Degree (or equivalent) awarded by a university in the United Kingdom. Candidates not able to demonstrate research experience will be required to take an additional oral examination.

I certify that ..... has satisfactorily completed the research methodology component of a recognised Masters Degree (or equivalent).

Name : ..... Status : .....  
(Block Capitals) (Block Capitals)

Signature : ..... Date:...../...../.....  
(Block Capitals)

## **C TREATED CASES**

A signed statement should accompany clinical case records from the accredited supervisors confirming the candidate's substantial involvement in the treatment of the cases.

Clinical case records must be submitted to the designated examination centre by **noon** on the day of the written examination. The clinical case records will be available for collection by the candidate following the adjudication and candidates should note that this is their personal responsibility.

Candidates are urged to make sure they are familiar with the Regulations of the Membership Examination. Copies are available from: - The Royal College of Surgeons of England or The Royal College of Physicians and Surgeons of Glasgow.



**DATA PROTECTION:**

All personal information held by the Examinations Office of the RCS England will be held in accordance with the Data Protection Act of 1998. Data will not be released outside the two partner Colleges, RCS England and RCPS Glasgow, without your permission but may be used to verify qualifications and to prevent fraudulent activity.

**SPECIAL NEEDS:**

It is the responsibility of the candidate to notify the Examinations Office of the College of any special circumstances when they submit their application.

Applications for special consideration must be supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an educational psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates must inform the Examinations Office as soon as possible **before** the examination.

**EQUAL OPPORTUNITIES MONITORING (OPTIONAL)**

As part of its Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates' ethnic origin. This information will not be used in a negative or discriminatory manner but will be used to ensure that the examinations provide equal opportunities for all.

All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form whether you do so or not is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality:..... First language:.....

**Choose one selection from the list below to indicate your cultural background.**

a) White

British

Irish

Any other white background, please specify \_\_\_\_\_

b) Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please specify \_\_\_\_\_

c) Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background please specify \_\_\_\_\_

d) Black or Black British

Caribbean

African

Any other Black background, please specify \_\_\_\_\_

e) Chinese or other ethnic group

Chinese

Any other ethnic background, please specify \_\_\_\_\_

f) Middle East/Arabic

Arabic

Any other Middle Eastern background, please specify \_\_\_\_\_

Please return the completed form with your application. Thank you for your co-operation.