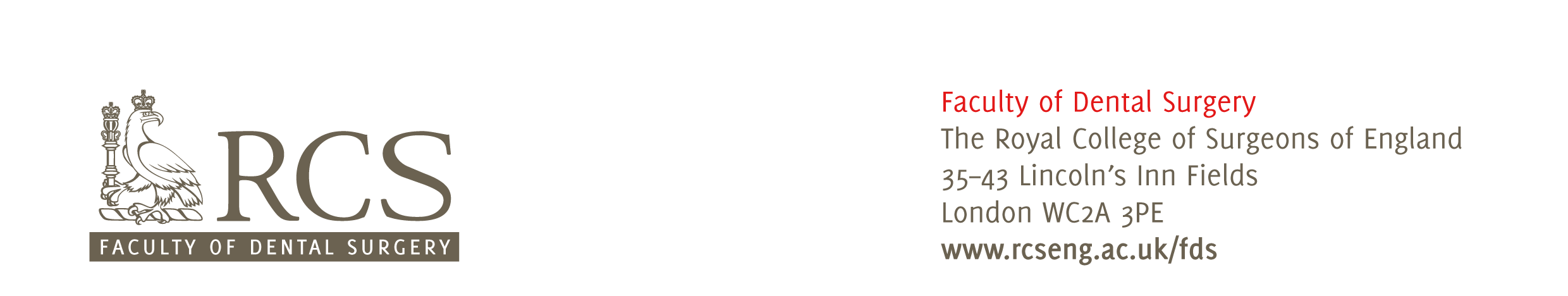
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**How to become a Dental Fellow or Member *ad eundem***

**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 B**

**Candidates who have not passed an Intercollegiate Specialty Board Examination or Membership Examination allied to the subject areas of the Faculty of Dental Surgery and do not hold a Membership of a Faculty of Dental Surgery of one of the Royal Colleges of the UK or Ireland, but otherwise are considered qualified for Membership *ad eundem* of the Faculty of Dental Surgery at The Royal College of Surgeons of England.**

Such persons may be admitted as a Member *ad eundem* by an equivalence route, 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).

**PROCESS**

1. The application form below must be completed and along with a current curriculum vitae should be sent to Fellowship and Awards Committee Secretariat, 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 ([F&Awards@rcseng.ac.uk.)](mailto:F&Awards@rcseng.ac.uk.)) **Please note that** **incomplete application forms will not be considered.** Furthermore, the College may seek information from any previous awarding College in order to ascertain that an applicant is in good standing. Similarly, The College may seek to determine an applicant’s standing with any relevant regulatory body (e.g. the General Dental Council (GDC)).

2. Applicants are required to be nominated by a Member or Fellow of the Faculty of Dental Surgery of this College who must:

* Have achieved their Membership or Fellowship only by successful completion of the examinations process of RCS England.
* Have completed a minimum of 5 years as an NHS Consultant, or in an equivalent senior 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 that expected of a Member of the Faculty.
* Fill in part B of the application form

3. The nominator would then obtain the support of a current Elected Board Member of the Faculty of Dental Surgery of this College, who would take it to the Fellowship & Awards Committee for consideration. In the absence of support from an elected board member, the Chair of the Fellowship and Awards committee may act in that capacity. If required please make this clear when submitting the form to hjohnsto@rcs.ac.uk

4. 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.

5. 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 B**

**For candidates who have not passed an Intercollegiate Specialty Board Examination or Membership Examination which is allied to the subject areas of the Faculty of Dental Surgery and *do not hold* a Membership of one of the UK Royal Colleges but otherwise are considered qualified for Membership *ad eundem* of the Faculty of Dental Surgery at The Royal College of Surgeons of England.**

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

|  |  |  |
| --- | --- | --- |
| 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

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

|  |  |  |
| --- | --- | --- |
| SECTION 3 - Qualifications | | |
| Primary qualification: | | Date Awarded |
| Name of awarding institution/College: | | Country: |
| Higher qualifications (please list) | | Date: |
| RCS Qualification(s) gained by examination: | | Date |
| GDC number (if held): |  | |
| GDC Specialist Register : YES/ NO | If yes state specialist list: | |
| Non-UK – Board Certified or equivalent: YES/NO | | |

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

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

|  |  |
| --- | --- |
| 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 correct  Signature: ………………………………………………………………………….  Printed name……………………………………………………………………….  Date: ………………………………………………………………………………. | |

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

|  |  |  |
| --- | --- | --- |
| SECTION 1 – Nominator: | | |
| Name: | | |
| Primary qualification: | | Date Awarded: |
| Name of awarding institution/College: | | Country: |
| Higher qualifications (please list) | | Date: |
| RCS Qualification(s) gained by examination: | | Date: |
| GDC number (if held): | RCS membership number: | |
| 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 and/or international arena. | | |
| 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: ………………………………………………………………………………. | |