



Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org

Application for RCDSO Examination in Dental Anaesthesia

PLEASE PRINT IN ALL SECTIONS

1. NAME OF APPLICANT

ONTARIO REG. # IF APPLICABLE

2A. BUSINESS ADDRESS

STREET: SUITE:

CITY: PROVINCE: POSTAL CODE:

TEL: FAX: E-MAIL:

2B. HOME ADDRESS

STREET: SUITE:

CITY: PROVINCE: POSTAL CODE:

TEL: FAX: E-MAIL:

3. ANAESTHESIA TRAINING

Table with 4 columns: NAME OF UNIVERSITY, DEGREE AWARDED, YEAR STARTED, YEAR COMPLETED

Please provide an original letter from the Dean or his/her designate verifying the type of specialty diploma/degree and date of graduation PLUS a certified copy of the diploma/degree.

4. HAVE YOU ENGAGED IN THE PRACTICE OF DENTAL ANAESTHESIA ON A CONTINUOUS AND REGULAR BASIS SINCE OBTAINING YOUR SPECIALTY DIPLOMA/DEGREE? [] YES [] NO

5. APPROXIMATELY HOW MANY HOURS PER WEEK DO YOU PRACTISE ANAESTHESIA?

6. PLEASE PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF YOUR ANAESTHESIA PRACTICE SINCE GRADUATING FROM YOUR ANAESTHESIA PROGRAM. *

PAYMENT FORM

NAME (PRINT)

SURNAME: _____

GIVEN NAMES IN FULL: _____

ADDRESS

STREET: _____

CITY/TOWN: _____

POSTAL CODE: _____

TEL: _____

PAYMENT FOR: _____

AMOUNT TO BE CHARGED: \$ _____

YOU MAY ELECT TO PAY YOUR FEES BY ANY ONE OF THE FOLLOWING METHODS:

A) Certified Cheque or Money Order. Personal cheques will not be accepted.

B) Credit Card. Please provide the number and expiry date. While we are pleased to accept payment by credit card, we are unable to take this information over the telephone.

Certified CHEQUE

MONEY ORDER

VISA

MASTERCARD

CREDIT CARD #: _____

EXPIRY DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ REGISTRATION #: _____

FEES RECEIVED:

APPLICATION

WRITTEN

ORAL

EXAMINATION APPROVED

WRITTEN

DATE: _____

ORAL

DATE: _____

REFUSED/FAILED

WRITTEN

DATE: _____

ORAL

DATE: _____