



Faculty of Homeopathy

DENTAL MEMBERSHIP [MFHom(Dent)] EXAMINATION

Application for the 11-12th September 2008 sitting

Deadline for applications and submission of cases – 11th July 2008

IMPORTANT

- ❑ Applicants must read the document *Dental Membership Examination Guidelines 2008* before completing this application form. Please ensure you have guidelines for the exam year for which you are applying.
- ❑ Applications which are incomplete or do not provide the information requested in the regulations cannot be accepted. If you are uncertain about how to complete this form you should contact the Academic Office (contact details are on page 3) for assistance *before the closing date* for return of applications.

PLEASE WRITE LEGIBLY IN BLACK INK

Name

Address

Postcode

Telephone

Home	Work
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Fax

Email (see below)*

*Overseas students should provide an email address to ensure that they receive correspondence in time to make travel arrangements.

Nationality

Candidates should refer to page 4 of the guidelines document when completing this section of the application form.

SECTION 1: PRIMARY DENTAL QUALIFICATIONS

Year of full GDC registration:	GDC no.:
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Qualifications

Candidates who are not registered with the General Dental Council must provide a photocopy of their dental degree (if this is not in English an official stamped translation must be provided).

I am not GDC registered. A photocopy of my degree is enclosed

SECTION 2: PRIOR FACULTY MEMBERSHIP

To apply for the examination you must have passed the Primary Health Care Examination for Dentists over one year ago and have been a Licenced Associate of the Faculty for at least three months.

Date of Licenced Associateship	Venue of PHCE sitting	Date of PHCE sitting

SECTION 3: COMPLETION OF FACULTY-ACCREDITED TEACHING

Candidates must have attended a full course of teaching leading to the MFHom at a Faculty of Homeopathy–accredited teaching centre.

Which Faculty-accredited teaching centre(s) did you attend?

Bristol London HPTG Tunbridge Wells

I enclose a certificate of attendance to confirm that I have completed a full course of training

SECTION 4: CASE HISTORIES

Two copies of ten case histories must accompany the application form and fee. Guidance on the presentation of case histories can be found on pages 7-8 and 23-24 of the guidelines booklet. Please fasten your case histories together but do not bind them, as we may need to photocopy your work.

My case histories are enclosed

I confirm that I have enclosed a signed and dated declaration to indicate that the case histories are my own work.

SPECIAL NEEDS

Please inform the Faculty in advance of any special needs you have which you consider will affect your examination performance.

PAYMENT DETAILS

The examination fee is £325 inclusively. Please make cheques payable to the *Faculty of Homeopathy* in pounds sterling. Cheques must not be post dated.

My cheque for £325 is enclosed OR I wish to pay by Visa/Mastercard

Credit card details

Card no.

Expiry date /

Signature

Name on card

Address (if different from above)

Please sign, date and return this form to the Academic Office, Hahnemann House, 29 Park Street West, Luton LU1 3BE

Tel: 0870 444 3955

Fax: 0870 444 3960

Email: info@trusthomeopathy.org

CLOSING DATE

The completed application form and full examination fee must be received at the Faculty Office by 11th July 2008. Late applications cannot be accepted.

VIVA DATE

Depending on the number of candidates, you may be required to sit the VIVA on the same day as the written exam. It is most likely in 2008 the viva will be held on 12th September the day after the written examination.

ACKNOWLEDGEMENT OF RECEIPT

Your application form will be acknowledged within one week of the closing date. If you wish to confirm receipt prior to this date please contact the Academic Office by telephone or email. *Correspondence will be sent by email to overseas students.*

Signature

Date