



## Application for non-practising registration Profession: Dental

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)


This form is for dental hygienists, dental prosthetists, dental therapists, dentists and oral health therapists who choose to cease all practice activities. For a definition of *Practice*, see the *Information and definitions* section of this form.

You can apply for non-practising registration as a dental practitioner if you:

- hold or have previously held general and/or specialist registration, or
- held registration in the health profession under a corresponding prior Act that was equivalent to general registration in the health profession under the National Law.

If you do not fall into either of these categories, you are not eligible for non-practising registration as a dental practitioner. Additional registration types can be found on the Dental Board of Australia's (the Board) website at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.






### Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal


information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

-  **Additional information**  
Provides specific information about a question or section of the form.
-  **Attention**  
Highlights important information about the form.
-  **Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
-  **Signature required**  
Requests appropriate parties to sign the form where indicated.
-  **Mail document(s) directly to AHPRA**  
Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

## SECTION A: Registration division(s)

1. In which division(s) of the profession are you applying for non-practising registration?


Mark all options applicable to your application

- Dentist
  Dental hygienist
  Dental prosthetist  
 Dental therapist
  Oral health therapist

## SECTION B: Personal details

 The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

2. What is your name?

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

For more information, see *Change of name* in the *Information and definitions* section of this form.

Title\*

MR  MRS  MISS  MS  DR  OTHER

Family name\*

First given name\*

Middle name(s)\*

Previous names known by (e.g. maiden name)



### 3. What are your birth and personal details?

**Date of birth**  
  /   /

**Country of birth**

**City/Suburb/Town of birth**

**State/Territory of birth (if within Australia)**  
 VIC  NSW  QLD  SA  WA  NT  TAS  ACT

**Sex\***  
 MALE  FEMALE  INTERSEX/INDETERMINATE

**Languages spoken other than English (optional)\***

## SECTION C: Contact information



Once registered, you can change your contact information at any time. Please go to [www.ahpra.gov.au](http://www.ahpra.gov.au) and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your AHPRA account to change your details online.

### 4. What are your contact details?

Provide your current contact details below – place an  next to your preferred contact phone number.

**Business hours**  
    **Mobile**

**After hours**

**Email**

### 5. What is your residential address?



Residential address cannot be a PO Box.

**Site/building and/or position/department (if applicable)**

**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

**City/Suburb/Town\***

**State or territory** (e.g. VIC, ACT)/**International province\*** **Postcode/ZIP\***

**Country (if other than Australia)**





## SECTION E: Proof of identity



**You must provide proof of your identity with this application**

**The minimum requirements for overseas applicants, or those who have recently arrived in Australia, can be found in the AHPRA Proof of identity requirements document under the heading *What special circumstances apply to overseas applicants or applicants who have recently arrived in Australia?* This document is available at [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity)**

- You **must** provide evidence from category A, B, and C.
- You **must** only use each document once.
- If your evidence from category C or B does not include your residential address, you **must** also provide evidence from category D.

Please indicate on the chart below which piece of evidence you are submitting for each category and attach the certified copies of documents to your application.

### 10. Which documents from each category will you provide for proof of identity?



The documents provided **must** meet the following criteria:

- At least **one** document **must** be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. For documents translated in Australia, the translator **must** be accredited by NAATI – see [www.naati.com.au](http://www.naati.com.au) For documents translated overseas, see [www.fit-ift.org](http://www.fit-ift.org) for a list of authorities who provide certified translations. Please refer to *Translating documents* at [www.ahpra.gov.au/translate](http://www.ahpra.gov.au/translate) for further information.
- Australian birth certificate extracts are **not** accepted.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

**Choose proof of identity documents to submit:** (A document may only be used once for any category)

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicare card	NA	NA	<input type="checkbox"/>
Overseas passport with current Aust. visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian birth certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Motor vehicle registration	NA	NA	<input type="checkbox"/>
Current Australian visa	<input type="checkbox"/>	NA	<input type="checkbox"/>	Financial institution statement	NA	NA	<input type="checkbox"/>
Australian Armed Services papers	<input type="checkbox"/>	NA	<input type="checkbox"/>	Taxation assessment notice	NA	NA	<input type="checkbox"/>
Travel documents with Aust. visa	<input type="checkbox"/>	NA	<input type="checkbox"/>	Health insurance card	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Pension card	NA	NA	<input type="checkbox"/>
Australian driver licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	<b>Category D documents</b>			
Working with children check card	NA	<input type="checkbox"/>	<input type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Firearm or shooters licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			
Student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
International driver licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage papers			
Proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Rate notices			
Change of name certificate	NA	NA	<input type="checkbox"/>	Lease or tenancy agreement			
Australian marriage certificate	NA	NA	<input type="checkbox"/>	Utility account			
Australian divorce papers	NA	NA	<input type="checkbox"/>	Electoral enrolment card			
Board registration certificate	NA	NA	<input type="checkbox"/>				
Bank acct. details – credit or ATM card	NA	NA	<input type="checkbox"/>				



You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.

## SECTION F: Suitability statements



Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards) for further information.

### 11. Do you currently hold registration with the Dental Board of Australia?

YES  **Go to the next question**

NO  **Go to question 14**



**12. Since your last declaration to AHPRA, has there been any change to your criminal history in Australia that you have not declared to AHPRA?**



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES

NO



You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

**13. Since your last declaration to AHPRA, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to AHPRA?**

NO

**Go to question 17**

YES

**You are required to:**

- **obtain an international criminal history check from an approved vendor for each country and provide details below, and**
- **provide details of the change in your criminal history in a signed and dated written statement.**



For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

**Provide details below, then go to question 17**

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

**14. Do you have any criminal history in Australia?**



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES

NO



You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

**15. Do you have any criminal history in one or more countries other than Australia?**

NO

**Go to the next question**

YES

**You are required to:**

- **obtain an international criminal history check from an approved vendor for each country and provide details below, and**
- **provide details of your criminal history in a signed and dated written statement.**



For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.



16. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

NO  Go to the next question

YES  You are required to obtain an international criminal history check from an approved vendor for each country and provide details below

**i** If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

17. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO

You **must** attach to this application details of any registration suspension or cancellation.

18. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO

You **must** attach to this application details of any cancellation or refusal.

19. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO

You **must** attach to this application details of any conditions, undertakings or limitations.

20. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?

**i** **Co-regulatory jurisdiction** means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES

NO

You **must** attach to this application details of any disqualifications.

21. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO

You **must** attach to this application details of any conduct, performance or health proceedings.





## SECTION G: Obligations and consent



**Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2 or 4 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

#### Notice of certain events

1. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

#### Change in principal place of practice, address or name

2. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### Employer's details

3. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.

4. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

### Consent

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I understand AHPRA may:

- disclose the date my registration is to commence and future registration details; and
- verify the accuracy of my registration details including my date of birth and address to entities (such as prospective employers) who disclose that information to AHPRA for the purpose of confirming my identity.

AHPRA will only do this where the entity seeking the information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct
- I am the person named in the attached documents, and
- if I am granted non-practising registration I will not practise as a dental practitioner.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



## SECTION H: Registration period

### Registration period

The annual registration period for the dental profession is from **1 December to 30 November**.

If your application is made between **1 October and 30 November this year**, you will be registered until 30 November **next year**.

**22. If this application is approved, when would you like your non-practising registration to begin?**

On the date of the Board's approval

On the below date, or the date of the Board's approval, whichever is the latter



Non-practising registration expires at the end of the registration period.

Commencement date

/  /

**23. Do you currently hold registration with the Board?**

YES  Provide details below

NO  Go to Section I: Payment

**When are you applying for this application?**

Between 1 October and 30 November

**You are required to pay a registration fee**

Amount payable:	
\$ INSERT FEE	
Division	Fee
Dentist	\$129
Dental hygienist, dental therapist and/or oral health therapist	\$63
Dental prosthetist	\$129

**Go to question 24**

Between 1 December and 30 September

**You are not required to pay any fees with this application as you will be renewing by 30 November**  
**Go to Section J: Checklist**

*Please note, where you have not paid a registration fee for the current registration period you will be required to pay the registration fee.*





## SECTION I: Payment



You are required to pay **both** an application fee and a registration fee.

### Your required payment is detailed below

Use the tables below to select your application fee and registration fee. Your application fee and registration fee depends on your division(s). If you are applying for multiple divisions you are only required to pay one application fee and one registration fee. You must pay the fees belonging to the division with the highest registration fee.

Application fee:		+	Registration fee:		=	Amount payable:	
\$ INSERT FEE			\$ INSERT FEE			\$ INSERT FEE	
Division	Fee		Division	Fee		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.	
Dentist	\$129		Dentist	\$129			
Dental hygienist, dental therapist and/or oral health therapist	\$63		Dental hygienist, dental therapist and/or oral health therapist	\$63			
Dental prosthetist	\$129		Dental prosthetist	\$129			



### Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

### 24. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

#### Mark one box below only



Visa or MasterCard

**Complete credit/debit card payment slip below**



Cash/EFTPOS

(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach your cheque, money order or bank draft **payable to the Australian Health Practitioner Regulation Agency.**



On the back of the cheque, money order or bank draft, you **must** write:

- your full name
- your date of birth, and
- your AHPRA registration number (if you have one).

### Credit/Debit card payment slip – please fill out

Amount payable

\$

Visa or MasterCard number

Expiry date

 / 

Name on card

Cardholder's signature



SIGN HERE



## SECTION J: Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
<b>Question 2</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 9</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 9</b>	A separate sheet with additional registration details	<input type="checkbox"/>
<b>Question 10</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Questions 12 &amp; 14</b>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Questions 13 &amp; 15</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Questions 13 &amp; 15</b>	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
<b>Questions 13, 15 &amp; 16</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 18</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 19</b>	A separate sheet with your conditions, undertakings or limitation details	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 21</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Please post this form with payment and required attachments to:

**AHPRA**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (refer below)

You may contact AHPRA on  
 1300 419 495 or you can lodge an enquiry  
 at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Sydney NSW 2001    Canberra ACT 2601    Melbourne VIC 3001    Brisbane QLD 4001  
 Adelaide SA 5001    Perth WA 6001    Hobart TAS 7001    Darwin NT 0801

## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### CRIMINAL HISTORY

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports. For more information, view the full registration standard online at [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

### PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

### RETURNING TO PRACTICE

If you return to practice in the future you will need to apply for and meet the requirements of general registration. This includes, but is not limited to, requirements for recency of practice, professional indemnity insurance and infection control. For more information view the full standards and guidelines at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)