



Application for limited registration (short-term) For supervised practice to sit an examination, undertake clinical assessment or training program

Profession: **Dental**

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

This form is to be used by appropriately qualified overseas trained dental practitioners who do not qualify for general or specialist registration and wish to apply for short term limited registration to undertake supervised practice under section 66 of the National Law.

This form is to be used to apply for short term limited registration to undertake supervised practice specifically to:

- sit an Australian Dental Council (ADC) clinical examination or an examination accredited by the ADC, and/or
- undertake supervised clinical training or assessment in preparation for an ADC examination or an examination accredited by the ADC, or
- another examination required by the Board for registration under section 53(c) or 58 (c) of the National Law.

A dental practitioner registered under this category of registration is not eligible to undertake any practice not associated with the examination, clinical assessment or training program.

This type of registration is granted for a maximum period of six months unless there are special circumstances to require limited registration for up to but not exceeding twelve months.

Applicants should also note that where registration is granted under this category of limited registration it will only be granted for a specific purpose and for a limited time, for example *ADC exam July 2010* and there will be a notation on your registration to this effect.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the organisation/education provider providing the clinical training or assessment program (if applicable), and
- **Part C:** to be completed by the applicant

It is important that you refer to the Board's registration standards when completing the form. Registration standards, codes and guidelines can be found at 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.

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.

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.



PART A – To be completed by the applicant

SECTION A: Application inclusions

1. What are you applying for registration as?

Mark all options applicable to your application

Dentist (including dental specialist)

Dental hygienist

Dental prosthetist

Dental therapist

Oral health therapist

2. If you are a dentist, are you also applying for limited registration as a specialist?

YES Go to the next question

NO Go to question 4



3. What speciality/specialities are you applying for limited registration in?

Mark all options applicable to your application

- | | | |
|--|---|--|
| <input type="checkbox"/> Dento-maxillofacial radiology | <input type="checkbox"/> Oral medicine | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral pathology | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Forensic odontology | <input type="checkbox"/> Oral surgery | <input type="checkbox"/> Public health dentistry (community dentistry) |
| <input type="checkbox"/> Oral & maxillofacial surgery | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Special needs dentistry |
| | <input type="checkbox"/> Paediatric dentistry | |

4. Why are you applying for limited registration?

Mark the option applicable to your application

- | | | |
|---|---|---|
| <input type="checkbox"/> ADC exam only | <input type="checkbox"/> Exam accredited by the ADC only | <input type="checkbox"/> Clinical assessment or training program only |
| <input type="checkbox"/> ADC exam and a clinical assessment or training program | <input type="checkbox"/> Exam accredited by the ADC and a clinical assessment or training program | |

5. When do you need your registration to start?

i For practitioners applying for limited registration this is the date the examination, clinical assessment or training program commences.

- The date registration is approved
- The date indicated below, being a date subsequent to the approval date

Commencement date

/ /

6. What period of registration is required to complete the exam, assessment or clinical training proposed?

i This type of registration is granted for a maximum period of six months unless there are special circumstances to require limited registration for up to but not exceeding 12 months.

Months



If you require limited registration for longer than six months you **must** attach further information on the reasons.

SECTION B: Personal details

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

7. What is your name and date of birth?

p 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)

Date of birth / /



8. What are your birth and personal details?

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: 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

- 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.

9. 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 For documents translated overseas, see www.fit-ift.org for a list of authorities who provide certified translations. Please refer to *Translating documents* at 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medicare card	NA	NA	<input checked="" type="checkbox"/>
Overseas passport with current Aust. visa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian birth certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Current Australian visa	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Financial institution statement	NA	NA	<input checked="" type="checkbox"/>
Australian Armed Services papers	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Taxation assessment notice	NA	NA	<input checked="" type="checkbox"/>
Travel documents with Aust. visa	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Health insurance card	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Pension card	NA	NA	<input checked="" type="checkbox"/>
Australian driver licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Category D documents			
Working with children check card	NA	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			
International driver licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Change of name certificate	NA	NA	<input checked="" type="checkbox"/>	Mortgage papers	<input checked="" type="checkbox"/>		
Australian marriage certificate	NA	NA	<input checked="" type="checkbox"/>	Rate notices	<input checked="" type="checkbox"/>		
Australian divorce papers	NA	NA	<input checked="" type="checkbox"/>	Lease or tenancy agreement	<input checked="" type="checkbox"/>		
Board registration certificate	NA	NA	<input checked="" type="checkbox"/>	Utility account	<input checked="" type="checkbox"/>		
Bank acct. details – credit or ATM card	NA	NA	<input checked="" type="checkbox"/>	Electoral enrolment card	<input checked="" type="checkbox"/>		



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

10. What is your residency status within Australia?

Current residency status

- Permanent Australian resident Temporary resident (**Supply details of visa status below**)



SECTION D: Contact information



Once registered, you can change your contact information at any time. Please go to 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.

11. 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

12. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

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)

13. Will the address of your principal place of practice be the same as your residential address?

YES

NO *Provide your Australian principal place of practice below*



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

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

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

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*



14. What is your mailing address?

Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

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

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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

_____ _____

Country (if other than Australia)

SECTION E: Qualification for the profession

In accordance with section 66 of the Act, to be eligible for limited registration in this short-term category of supervised practice you must be able to demonstrate to the Board that you qualify to practise as a dental practitioner under limited registration in the health profession. To qualify, you must either be able to provide:

- evidence that the Australian Dental Council (ADC)(www.adc.org.au) has undertaken an assessment of your qualifications, or
- evidence that you have a dental qualification of equivalent duration and standard to an Australian graduate, which must meet the minimum requirement. For dentists this is 4 years full time or equivalent duration. For dental hygienists or dental therapists this is 2 years full time or equivalent duration. For dual qualified hygienists and dental therapists this is 3 years full time or equivalent duration.

15. Are you relying on an ADC assessment of your qualifications as the basis for your application?

YES NO *Go to the next question*

Attachment required below – then go to question 17

You **must** attach a certified copy of the ADC letter confirming your qualifications have been assessed and that you are eligible to sit the examination

16. What are the details of your primary dental practitioner qualification?

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

Primary qualification

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

MM / YYYY MM / YYYY

You **must** attach an original certified copy of your primary dental degree certificate that indicates completion of a course of study leading to a qualification as a dental practitioner.



Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 /

Completion date

 /


Attach a separate sheet if your qualification details do not fit in the space provided.

SECTION F: Registration history

17. What is your health practitioner registration history?



If you have been previously registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past five years**.

Certificates **must** be dated within three months of your application being received by AHPRA.

Current registration

State/Territory/Country

Profession

Period of registration

 / / to / /

Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your AHPRA state office. Refer to www.ahpra.gov.au/About-AHPRA/Contact-Us for your AHPRA state office address.



Attach a separate sheet if your registration history does not fit in the space provided.

SECTION G: Work History

18. What is your full practice history?



It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.



SECTION H: Suitability statements

i 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 for further information.

19. 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.

20. 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.**

i 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.

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.

21. 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.

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.

22. Have you previously been registered as a dental practitioner in Australia?



All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES

Go to the next question

NO

Go to question 24

23. Have you used English as your primary language within the past five years?

YES

I declare I have used English as my primary language within the past five years. *Go to question 28*

NO

Go to the next question



All applicants must demonstrate English language competency via one of the following pathways:

i An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills.

Recognised country means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway

With overseas qualification in a non-recognised country

English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

24. Which one of the English language competency pathways do you meet?

i AHPRA may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

Combined secondary and tertiary education pathway

Provide details of secondary and tertiary education in the table below, then go to question 28

Extended education pathway

Provide details of secondary, vocational and tertiary education in the table below, then go to question 28

Primary language pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 28

English language test pathway

Go to question 25

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				

i Please attach a separate sheet with any additional details that do not fit in the space provided above. If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to AHPRA by the education provider confirming that the course was taught and assessed solely in English.

25. Were your results from the English language tests obtained in one or two sittings?

i In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *English language skills registration standard*.

One sitting Provide date of test below, then go to the next question and complete details for one sitting

Two sittings Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD / MM / YYYY Sitting two DD / MM / YYYY



26. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

International English Language Test System (IELTS) Academic module
 Test report form number – sitting one: Test report form number – sitting two (if applicable):

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

Occupational English Test (OET)
 Candidate number – sitting one: Candidate number – sitting two (if applicable):

The Board requires the OET with a minimum score of B in each of the four components (listening, reading, writing and speaking).

Pearson Test of English Academic (PTE Academic)
 Registration ID – sitting one: Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

Test of English as a Foreign Language internet-based test (TOEFL iBT)
 Registration number – sitting one: Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that AHPRA can verify your results.
 If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

27. Were your results from the above-mentioned English language tests obtained in the past two years?

YES NO

- In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:
- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
 - continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

28. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?

- The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising. **Applicants unable to meet this requirement are ineligible for registration.**
 For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES NO

29. Have you practised the profession in the past five years?

- Recent graduates who apply for registration within the first year of graduation do not need to meet the recency of practice requirements. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

N/A I am a recent graduate applying for registration within the first year.
 YES I have practised the profession in the past five years.
 NO



You **must** attach details that address the requirements of the Board's *Recency of practice registration standard*.



30. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?



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

YES NO 

You **must** attach to this application details of any impairments and how they are managed.

31. 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.

32. 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, refusal or suspension.

33. 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.

34. 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?



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.

35. 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 I: 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, 4, 5, 6 or 8 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.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. 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

6. 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

7. 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.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

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:

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

- **I am aware of my infection status for blood-borne viruses and I will comply with the Communicable Diseases Network Australia's Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses and with the requirements of the Board's Infection Control Guidelines in relation to blood-borne viruses**
- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.

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

 / /

36. Are you applying for limited registration to complete a supervised clinical assessment or training program?

YES **Go to Part B**

NO **Go to Part C**



PART B – To be completed by the organisation/education provider

This section only needs to be completed if the applicant is applying for limited registration to complete a supervised clinical assessment or training program. It should be completed by the organisation/education provider providing the supervised clinical assessment or training program.

SECTION J: Organisation/education provider details

37. What are the details of the organisation/education provider providing the supervised clinical assessment or training program?

Provide organisation/education provider details below

Name of organisation

MR

MRS

MISS

MS

DR

OTHER

Family (legal) name of contact

First given name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Contact phone number

Mobile

Email

38. What are the details of the clinical assessment or training program?

Name of the clinical training or assessment program

Date(s) of the clinical training or assessment program

 / / to / / (if applicable)

Types of clinical practice to be undertaken as part of the clinical training or assessment program



You **must** attach a separate sheet if all the types of clinical practice to be undertaken does not fit within the spaces provided.



SECTION K: List of sites


39. What are the names and addresses of all sites of practice for the clinical training or assessment program?

Site/Building (if applicable)

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


City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

 Attach a separate sheet of the names and addresses of additional sites that do not fit in the spaces provided.

SECTION L: Organisation/education provider's consent

I declare that the information provided in part B of this form (including clinical training or assessment details) are true and correct.
 I confirm that the applicant named below has been formally accepted to participate in the clinical assessment or training program as described in this application.

<p>Name of applicant</p> <p><input style="width: 95%;" type="text"/></p> <p>Date</p> <p><input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/></p>	<p>Name of organisation/education provider</p> <p><input style="width: 95%;" type="text"/></p> <p>Signature of organisation/education provider</p> <p style="text-align: center;"> SIGN HERE</p>
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PART C – To be completed by the applicant

SECTION M: Payment

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

Your required payment is detailed below

1. Select your application fee from the list under *Application fee*. Your application fee depends on which division you wish to be registered.
2. Select your registration fee from the table *Pro-rata registration fees*. Your registration fee depends on which division you wish to be registered and how many months you will be registered.
3. Add your application fee and registration fee to determine your amount payable.

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								
<table border="1"> <thead> <tr> <th style="width: 70%;">Division</th> <th style="width: 30%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Dentist and/or specialist</td> <td style="text-align: right;">\$326</td> </tr> <tr> <td>Dental hygienist/therapist and/or oral health therapist</td> <td style="text-align: right;">\$159</td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right;">\$326</td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	\$326	Dental hygienist/therapist and/or oral health therapist	\$159	Dental prosthetist	\$326				<div style="border: 1px solid #C00000; padding: 5px; background-color: #FFF2CC;"> <p>Applicants must pay 100% of the stated fees at the time of submitting the application.</p> </div>
Division	Fee											
Dentist and/or specialist	\$326											
Dental hygienist/therapist and/or oral health therapist	\$159											
Dental prosthetist	\$326											

Division	Number of months you will be registered											
	1	2	3	4	5	6	7	8	9	10	11	12
Dentist and/or specialist	\$54	\$108	\$162	\$216	\$270	\$324	\$377	\$431	\$485	\$539	\$593	\$647
Dental hygienist, therapist and/or oral health therapist	\$27	\$53	\$80	\$106	\$133	\$160	\$186	\$213	\$239	\$266	\$292	\$319
Dental prosthetist	\$48	\$96	\$144	\$192	\$240	\$288	\$335	\$383	\$431	\$479	\$527	\$575

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

40. How are you paying your fees?

i 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

<p>Amount payable</p> <div style="border: 1px solid #0070C0; padding: 5px; font-size: 2em; color: #0070C0;">\$</div>	<p>Name on card</p> <div style="border: 1px solid #0070C0; height: 20px;"></div>
<p>Visa or MasterCard number</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px;"></div> </div>	<p>Cardholder's signature</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px;"></div> <div style="font-size: 2em; color: #0070C0;">SIGN HERE</div> </div>
<p>Expiry date</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</div> </div>	



SECTION N: Checklist

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

<i>Additional documentation</i>		Attached
Question 6	Reasons for requiring registration longer than six months	<input type="checkbox"/>
Question 7	Evidence of a change of name	<input type="checkbox"/>
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 15	A certified copy of the ADC letter confirming your qualifications have been assessed and that you are eligible to sit the examination	<input type="checkbox"/>
Question 16	Original certified copy of your primary dental degree certificate	<input type="checkbox"/>
Question 16	A separate sheet with additional qualification details	<input type="checkbox"/>
Question 17	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 17	A separate sheet with additional registration history details	<input type="checkbox"/>
Question 18	Your curriculum vitae	<input type="checkbox"/>
Question 19	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 20	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 20	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 20 & 21	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 21	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 24	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 24	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 26	Copy of your English language test results	<input type="checkbox"/>
Question 27	Certified copy of your English language test results	<input type="checkbox"/>
Question 27	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
Question 29	Details that address the requirements for recency of practice	<input type="checkbox"/>
Question 30	A separate sheet with your impairment details	<input type="checkbox"/>
Question 31	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 32	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 33	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 34	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 35	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
Question 38	A separate sheet with types of clinical practice to be undertaken	<input type="checkbox"/>
Question 39	A separate sheet of the names and addresses of additional sites	<input type="checkbox"/>
Payment		
	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

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
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit 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

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

CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- indicate whether positions were undertaken full-time or part-time, and specify the nature of any practice (e.g. provision of clinical care, management, administration, regulatory or policy development role)
- detail your continuing professional development over the last three years and refer to the Board's registration standard and guidelines for continuing professional development on the level of detail required
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It **must** also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at www.dentalboard.gov.au/Registration-Standards

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession**. The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

INFECTION CONTROL

When applying for, and at renewal of, registration you are required to make a declaration that you are aware of your infection status for blood-borne viruses and that you will comply with the *Communicable Diseases Network Australia's Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses* and with the requirements of the Board's guidelines on infection control.

For more information, view the full guideline online at www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines

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.

PROFESSIONAL INDEMNITY INSURANCE (PII)

When practising dentistry in Australia, dental practitioners must be covered by professional indemnity insurance that meets the requirements for PII arrangements outlined in the PII arrangements registration standard.

For more information, view the full registration standard online at www.dentalboard.gov.au/Registration-Standards