



Application to change or add division of registration Profession: Dental

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

This form is for dental practitioners who currently hold general registration under section 52 of the National Law and who wish to apply to **change the division(s) in which they are registered**. For example, a registered practitioner may wish to:

- add a division, e.g. if you are registered as a dental hygienist and now wish to be registered and practise as both a dental hygienist and a dental therapist,
- remove a division, e.g. if you are registered as both a dental hygienist and dental therapist and now wish to only practise only as a dental therapist, and/or
- change between divisions, e.g. if you are trained and registered as a dental hygienist and dental therapist and now wish to register as an oral health therapist.

For all divisions in which you wish to be registered you will need to:

- have an approved qualification which leads to general registration in those divisions (see www.dentalboard.gov.au for the *Approved programs of study*), and
- comply with recency of practice requirements of the Dental Board of Australia (the Board) for all those divisions (see www.dentalboard.gov.au for the *Recency of practice registration standard*). Recent graduates who apply for registration within the first year of graduation will not need to meet the recency of practice requirements.

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.

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. Which division(s) are you currently registered in?

Mark all options applicable

- | | | |
|---|--|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental hygienist | <input type="checkbox"/> Dental prosthetist |
| <input type="checkbox"/> Dental therapist | <input type="checkbox"/> Oral health therapist | |

2. Of the division(s) you are currently registered in, which do you wish to continue to be registered in?

Mark all options applicable to your application

- | | | |
|---|--|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental hygienist | <input type="checkbox"/> Dental prosthetist |
| <input type="checkbox"/> Dental therapist | <input type="checkbox"/> Oral health therapist | <input type="checkbox"/> None |

3. Which additional (new) division(s) do you wish to apply for registration in?

Mark all options applicable to your application

- | | | |
|---|--|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental hygienist | <input type="checkbox"/> Dental prosthetist |
| <input type="checkbox"/> Dental therapist | <input type="checkbox"/> 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.

4. What is your name?


Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden 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.

5. 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 fluently other than English (optional)*

6. What is your registration number?

Registration number*



SECTION C: Contact information

7. 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

8. What is your residential address?

i If you are not currently practising, or 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 † 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)

9. Is the address of your principal place of practice the same as your residential address?

YES

NO *Provide your Australian principal place of practice below*

i Principal place of practice, for a registered health practitioner, is:

- the address at which you 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*



10. What is your mailing address?

- Residential address
- Principal place of practice
- Other (*Provide your mailing address below*)

i Your mailing address is used for postal correspondence.

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)

Suburb/City/Town

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

_____ _____

Country (if other than Australia)

SECTION D: Qualification for the profession

i In accordance with section 52 of the National Law, to be eligible for general registration you must be qualified for general registration in the health profession. Section 53 of the National Law states that to be qualified you must hold either:

- (a) an approved qualification for the health profession
- (b) a qualification that the National Board considers to be substantially equivalent, or based on similar competencies to an approved qualification
- (c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the health profession, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The Board's website contains information on approved qualifications accepted for section 53(a) above and examinations or assessments accepted under section 53(c) above. The qualifications approved by the Board for registration in the various divisions can be found on the Board's list of *Approved programs of study* (see the Board's website at www.dentalboard.gov.au).

11. What are the details of your qualifications and examinations/assessments for any additional (new) division(s)?

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

Most recent qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

MM / YYYY MM / YYYY

You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.


Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 /

Completion date

 /


You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 /

Completion date

 /


You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.



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

SECTION E: Recent practice

You **must** have recency of practice in all of the division(s) in which you wish to be registered. The requirements outlined in the Board's *Recency of practice registration standard* also affect those changing between divisions of the register. Recent graduates should note that if they apply for registration within the first year of graduation they do not need to meet the recency of practice requirements.

For more information, see *Recency of practice* and *Practice* in the *Information and definitions* section of this form and the *Recency of Practice and Return to Practice* page on the Board's website at www.dentalboard.gov.au/Registration/Recency-of-Practice

12. Were you awarded your qualifications in the division(s) in which you are applying for registration more than one year ago?

YES

Go to the next question

NO

Go to question 14

13. Have you practised in the division(s) in which you are applying for registration in the past five years?

YES NO 

If you have not practised in the division(s) in the past five years, provide details which address the requirements for recency of practice.

You **must** attach a completed *Provision of additional information for recency of practice/Return to Practice Form - AIRP-20*. More information is available on the *Recency of Practice and Return to Practice* page of the Board's website at

www.dentalboard.gov.au/Registration/Recency-of-Practice



SECTION F: Professional indemnity insurance

14. 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 for general registration to have appropriate professional indemnity arrangements in place when practising the profession in Australia. 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

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, 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 of conduct and policies.

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

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 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.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Signature of applicant

 SIGN HERE

Name of applicant

Date

/ /



SECTION H: Payment



The relevant application fee must be paid for any change of division.

A registration fee will also apply for any new divisions of registration. However, if you are currently registered as a dental hygienist and wish to continue to be registered in that division and **also** be registered as a dental therapist you need to pay the dental therapist application fee only. No additional registration fee is payable.

Your required payment is detailed below

Use the tables below to determine your application fee and registration fee. Your application fee and registration fee depends on your division(s).

<div style="background-color: #0070C0; color: white; padding: 2px; text-align: center; font-weight: bold;">Application fee:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; color: #0070C0;">\$ INSERT FEE</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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; font-weight: bold;">\$334</td> </tr> <tr> <td>Dental hygienist, dental therapist and/or oral health therapist</td> <td style="text-align: right; font-weight: bold;">\$163</td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right; font-weight: bold;">\$334</td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	\$334	Dental hygienist, dental therapist and/or oral health therapist	\$163	Dental prosthetist	\$334	+	<div style="background-color: #0070C0; color: white; padding: 2px; text-align: center; font-weight: bold;">Registration fee:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; color: #0070C0;">\$ INSERT FEE</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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; font-weight: bold;">\$663</td> </tr> <tr> <td>Dental hygienist, dental therapist and/or oral health therapist</td> <td style="text-align: right; font-weight: bold;">\$327</td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right; font-weight: bold;">\$589</td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	\$663	Dental hygienist, dental therapist and/or oral health therapist	\$327	Dental prosthetist	\$589	=	<div style="background-color: #C00000; color: white; padding: 2px; text-align: center; font-weight: bold;">Amount payable:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; color: white;">\$ INSERT FEE</div> <div style="background-color: #F0F0F0; padding: 5px; font-size: 10px; margin-top: 5px;"> Applicants must pay 100% of the stated fees at the time of submitting the application. </div>
Division	Fee																			
Dentist and/or specialist	\$334																			
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Dental prosthetist	\$589																			



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**.

Refund rules

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

15. 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 posted.

Mark one box below only

- | | |
|---|--|
| <input type="checkbox"/> Visa or MasterCard
Complete credit/debit card payment slip below | <input type="checkbox"/> Cash/EFTPOS
(only available if paying in person) |
| <input type="checkbox"/> 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).

Please post this form with 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

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 I: Checklist

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

<i>Additional documentation</i>		Attached
Question 4	Evidence of a change of name	<input type="checkbox"/>
Question 11	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
Question 11	A separate sheet with additional qualifications details	<input type="checkbox"/>
Question 13	Details which address the requirements for recency of practice. This includes a completed <i>Provision of additional information for recency of practice/Return to Practice Form - AIRP-20</i> .	<input type="checkbox"/>
<i>Payment</i>		
	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"/>

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
- 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

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

REGENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you **must** have recent practice in dentistry and in any field of practice (including specialist, endorsement or division of the register), in which you intend to work during the period of registration for which you are applying.

If in the previous five years you have not practised in the division(s) in which you are applying for registration, you will need to satisfy the Board's recency of practice requirements. For more information, view the full registration standard online at www.dentalboard.gov.au/Registration-Standards and see the Recency of Practice and Return to Practice page on the Board's website at www.dentalboard.gov.au/Registration