



Application for endorsement for conscious sedation In an approved area of practice

Profession: **Dental**

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

This form is for dentists who currently hold general registration to apply for endorsement for conscious sedation (approved area of practice under section 98 of the National Law).

To apply for endorsement for conscious sedation (approved area of practice) you must meet the requirements of the Dental Board of Australia's (the Board) *Endorsement conscious sedation registration standard*.

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: **X**
- **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: Personal details



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

1. What is your name and date of birth?

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 / /



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.

2. What is your registration number?

Registration number*



SECTION B: Contact information

3. 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

4. What is your residential address?

i 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)

5. 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***



6. 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

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State or territory (e.g. VIC, ACT)/ International province	Postcode/ZIP		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>	

Country (if other than Australia)

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SECTION C: General dental practice experience

The Board's *Registration standard for endorsement in relation to conscious sedation* requires all those applying for endorsement to have completed a minimum of two years general dental practice in addition to meeting all other requirements for general registration as a dentist. This general practice requirement may be achieved by experience outside Australia, subject to approval by the Board.

7. Do you have at least two years general dental practice experience in Australia or another country?

Your curriculum vitae will further inform the Board in relation to your recency of practice and registration 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.

YES

Choose appropriate option

- I have at least two years general dental practice experience in Australia.
- I have at least two years general dental practice experience in another country.

You **must** attach to your application a **signed and dated** curriculum vitae that describes a minimum of two years of general dental practice experience.

NO

You may not be eligible for endorsement for conscious sedation.



SECTION D: Qualification for the endorsement

- i** In accordance with section 98 of the National Law, to be eligible for endorsement in relation to approved areas of practice, you must:
- (a) hold either of the following qualifications relevant to the endorsement:
 - (i) an approved qualification,
 - (ii) another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification, **and**
 - (b) comply with any approved registration standard relevant to the endorsement.
- The Board's *Registration standard for endorsement in relation to conscious sedation* contains the detail relevant to (a) and (b) above.

8. What are the details of your qualifications?

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

Primary qualification for endorsement

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.

9. Is your qualification an approved qualification for endorsement from the *Registration standard for endorsement in relation to conscious sedation*?

YES [Go to question 11](#) NO

i The Board will assess and determine whether this qualifications is considered substantially equivalent.

10. Do you have any:

- qualifications in addition to that listed at question 8 above, and/or
- examinations/assessments to support your application for this endorsement?

YES NO

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 (if required)

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 (if required)

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 additional qualification details do not fit within the space provided.

SECTION E: Recent practice in conscious sedation

11. Have you practised conscious sedation in the past five years? YES

Please ensure your curriculum vitae (provided at question 7 above) lists details of your practice in conscious sedation.

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

NO

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 (unless already provided at either question 7 above), and
- a statement that addresses the requirements of the Board's *Recency of practice registration standard* in relation to conscious sedation.

SECTION F: Requirements for endorsement for conscious sedation (approved area of practice)

The Board's *Registration standard for endorsement in relation to conscious sedation* sets the requirements for endorsement for conscious sedation.

12. Are you current with all aspects of the guidelines and requirements of a body approved by the Board, including the Australian and New Zealand College of Anaesthetists? YES NO

You **must** provide a statement addressing why you have not met this requirement.

13. Have you attended a refresher course in dental sedation and medical emergencies approved by the Board during the past 12 months? YES NO

You **must** provide evidence of your completion of a refresher course in dental sedation and medical emergencies.

You **must** provide a statement addressing why you have not met this requirement.

14. Do you agree to not administer sedation by an intravenous route unless you meet the requirements listed in the Board's registration standard for endorsement in relation to conscious sedation? For more information, see *Dental endorsement conscious sedation registration standard* available online at www.dentalboard.gov.au/Registration-Standards

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* sections 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

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 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 verification has given a legal undertaking they have obtained my consent to this verification.

I confirm that I have 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

D /
 M /
 YYYY



SECTION H: Payment



You are required to pay an application fee.

Your required payment is detailed below

Application fee:	=	Amount payable:
\$107		\$107
		Applicants must pay 100% of the stated fees at the time of submitting the application.



Refund rules

The application fee is non-refundable.

15. How are you paying your fee?



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 cheque or money order **payable to the Australian Health Practitioner Regulation Agency.**



- On the back of the cheque, money order or bank draft, you **must** write:
- your name, and
 - your registration number.

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 1	Evidence of a change of name	<input type="checkbox"/>
Question 7	Your curriculum vitae	<input type="checkbox"/>
Question 8	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
Question 10	Certified copies of all of your additional qualifications and/or examinations/assessments to support your application	<input type="checkbox"/>
Question 10	A separate sheet with additional details of your supporting qualifications and/or examinations/assessments	<input type="checkbox"/>
Question 11	Your curriculum vitae (unless already provided at question 7)	<input type="checkbox"/>
Question 11	A statement addressing the requirements of the <i>Recency of practice registration standard</i> in relation to conscious sedation	<input type="checkbox"/>
Question 12	A statement addressing why you are not current with all aspects of the guidelines and requirements of a body approved by the Board	<input type="checkbox"/>
Question 13	Evidence of your completion of a refresher course in dental sedation and medical emergencies	<input type="checkbox"/>
Question 13	A statement addressing why you have not completed a refresher course in dental sedation and medical emergencies	<input type="checkbox"/>
<i>Payment</i>		
	Application 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 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.

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

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.

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