



## Application for general registration For current non-practising registrants

### Profession: Dental

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

This form is for non-practising registrants to apply for general registration as a dentist, dental therapist, dental hygienist, oral health therapist or dental prosthetist in Australia. Dentists wishing to also apply for endorsement for conscious sedation will need to also complete the *Application for endorsement for conscious sedation (approved area of practice) – Form AEAP-20*. This form can be found on the Board's website at [www.dentalboard.gov.au/Registration](http://www.dentalboard.gov.au/Registration)

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

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

### Privacy and confidentiality

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

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of

your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

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

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **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: Application criteria

1. Were you granted non-practising registration under the Trans-Tasman Mutual Recognition Act?

YES

NO  **Go to the next question**



You are **not eligible to use this application form**. To apply for general registration, please complete form AGEN-20, which can be found at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

2. Which division(s) of the profession are you applying for general registration in?



Dentists wishing to also apply for endorsement for conscious sedation will need to also complete the *Application for endorsement for conscious sedation (approved area of practice) – Form AEAP-20*. This form can be found on the Board's website at [www.dentalboard.gov.au/Registration](http://www.dentalboard.gov.au/Registration)

#### Mark all options applicable to your application

- Dentist                       Dental hygienist                       Dental prosthetist
- Dental therapist                       Oral health therapist

## SECTION B: Personal details



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

3. What is your name and 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.

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  /  /



**4. 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)\***

**5. What is your registration number?**

**Registration number\***

**SECTION C: Contact information**

**6. 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**

**7. 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)**



**8. 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\***

**9. What is your mailing address?**

**i** 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 D: Registration history

**10. 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.**

**Most recent 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](http://www.ahpra.gov.au/About-AHPRA/Contact-Us) for your AHPRA state office address.

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


## SECTION E: Work history

**11. 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 F: Suitability statements


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

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

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

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

YES  NO

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



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

NO  Go to 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 the change in 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](http://www.ahpra.gov.au/internationalcriminalhistory).

Country	Check reference number



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



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



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

14. Have you used English as your primary language in the past five years?

YES  I declare that I have used English as my primary language within the past five years.

NO  The Board may require you to provide evidence to demonstrate you meet the *Board's English language skills registration standard*.

**i** You will be required to provide this evidence if you met the requirements of the *English language skills registration standard* on the basis of results from an English language test, and have not declared that you have continued to use English as your primary language. For more information, refer to [www.ahpra.gov.au/EnglishLanguageSkills](http://www.ahpra.gov.au/EnglishLanguageSkills)

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

**i** The Board requires all applicants 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

16. Have you ever been refused PII or had conditions attached to your PII?

YES

NO



You must attach details of the circumstances in which you were refused or had conditions attached to your PII.



You must not practise unless appropriate PII arrangements are in force.

17. Did you graduate more than one year ago?

YES  Go to the next question

NO  Go to question 18

18. Have you practised the profession in the division(s) of registration you are applying for during the past five years?

YES

NO



If you have not practised in the past five years, you **must** attach details that address the requirements of the Board's *Recency of practice registration standard*. 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](http://www.dentalboard.gov.au/Registration)



19. 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.

20. Is your registration in any profession, in Australia or overseas, currently suspended or cancelled?

YES

NO



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

21. Have you previously had your registration cancelled, refused or suspended in Australia or overseas?

YES

NO



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

22. Has your registration ever been subject to conditions, undertakings or limitations in Australia or overseas?

YES

NO



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

23. Are you disqualified from applying for registration, or being registered, in any profession, under the National Law or a corresponding prior Act?

YES

NO



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

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

YES

NO



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





## SECTION G: Obligations and consent



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

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 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

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 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.

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

You are required to pay a registration fee.

**Your required payment is detailed below**

Use the table below to select your registration fee, depending on your division(s).

<div style="background-color: #0070C0; color: white; text-align: center; padding: 5px; 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: 60%;">Division</th> <th style="width: 40%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Dentist and/or specialist</td> <td style="text-align: right; font-weight: bold;">\$647</td> </tr> <tr> <td>Dental hygienist, dental therapist and/or oral health therapist</td> <td style="text-align: right; font-weight: bold;">\$319</td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right; font-weight: bold;">\$575</td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	\$647	Dental hygienist, dental therapist and/or oral health therapist	\$319	Dental prosthetist	\$575	=	<div style="background-color: #D9534F; color: white; text-align: center; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; color: #D9534F;">\$ INSERT FEE</div> <div style="background-color: #F0E6E6; padding: 5px; margin-top: 5px;">                     Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.                 </div>
Division	Fee									
Dentist and/or specialist	\$647									
Dental hygienist, dental therapist and/or oral health therapist	\$319									
Dental prosthetist	\$575									

**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 registration fee will be refunded if the application is not approved.

**\*Note**

Dental practitioners who meet the Board's eligibility requirements for registration in the division of oral health therapist can register in either:

- the oral health therapist division, or
- **both** the dental therapist and dental hygienist divisions.

Practitioners registering in the dual divisions of dental therapist and dental hygienist pay only **one** registration fee if the applications are processed in one transaction.

For ongoing renewal, only one fee applies for dual registration in the divisions of dental therapist and dental hygienist; this fee **is the same** as applies to the division of oral health therapist.

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

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

<p>Amount payable</p> <div style="border: 1px solid #0070C0; padding: 5px; font-size: 24px; font-weight: bold; color: #0070C0;">\$</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>Expiry date</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #0070C0; padding: 2px 5px;">M</div> <div style="border: 1px solid #0070C0; padding: 2px 5px;">M</div> <div style="border: 1px solid #0070C0; padding: 2px 5px;">/</div> <div style="border: 1px solid #0070C0; padding: 2px 5px;">Y</div> <div style="border: 1px solid #0070C0; padding: 2px 5px;">Y</div> </div>	<p>Name on card</p> <div style="border: 1px solid #0070C0; height: 20px; margin-bottom: 5px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="display: flex; align-items: center; gap: 10px;"> <div style="font-size: 24px; font-weight: bold; color: #0070C0;">SIGN HERE</div> </div> </div>
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## SECTION I: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 3</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 4</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with additional registration details	<input type="checkbox"/>
<b>Question 11</b>	Your curriculum vitae	<input type="checkbox"/>
<b>Question 12</b>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 13</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 13</b>	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet with details of the circumstances in which you were refused or had conditions attached to your PII	<input type="checkbox"/>
<b>Question 18</b>	Details that 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"/>
<b>Question 19</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 21</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 22</b>	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
<b>Question 23</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 24</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name, date of birth and registration number are written on the back	<input type="checkbox"/>

Please post this form with payment and required attachments to:

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

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

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



## Information and definitions

### CERTIFYING DOCUMENTS

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

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

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

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

### CHANGE OF NAME

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

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

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

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

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Practitioners must meet the minimum requirements set out in the Board's continuing professional development (CPD) registration standard.

Practitioners must complete a minimum of 60 hours of CPD activities over a three-year CPD cycle:

- a minimum of 48 of the 60 hours (80 per cent) must be spent on clinically or scientifically-based activities, and
- a maximum of 12 of the 60 hours (20 per cent) can be spent on non-scientific activities.

Each three-year CPD cycle covers three registration periods from 1 December to 30 November.

The Board encourages practitioners to engage in CPD activities each year, gradually accumulating a minimum of 60 hours over the three-year CPD cycle.

For more information, view the full registration standard online at [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

### CRIMINAL HISTORY

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

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

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

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

You are not required to obtain or provide your Australian criminal history report, AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

### 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, and
- 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](http://www.ahpra.gov.au/cv)

### 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](http://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](http://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 dentistry or the field of practice in which you intend to work during the period of 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](http://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](http://www.dentalboard.gov.au/Registration)