



Dental Board of Australia | AHPRA

## Fast track application for general and/or specialist registration

### Profession: Dental

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

The Dental Board of Australia (the Board) has decided on a fast track application process for practitioners who:

- previously held general and/or specialist registration as a dental practitioner in Australia
- did not apply for renewal of registration within one month of the 30 November 2017 expiry date (i.e. before 31 December 2017), and
- are now applying for registration between 1 and 31 January 2018.

This fast track application process differs from the standard application process in that it does not require proof of identity, verification of qualifications if recorded as part of previous registration, verification of English language skills, or registration history or work history. It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)



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

### Privacy and confidentiality

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

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form



#### Additional information

Provides specific information about a question or section of the form.



#### Attention

Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.



#### Mail document(s) directly to AHPRA

Requires delivery of documents by an organisation or the applicant.

### Completing this form

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

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

Mark all options that apply 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 that are marked with an asterisk (\*) will appear on the public register.

2. 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.



3. 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)\***

4. List the details of your recently expired registration under the National Law:

**Expiry date of registration**  
 /  /

**Registration number**

5. Did you hold an endorsement or specialist registration prior to recent expiry, and require this to be reinstated?

YES  *Provide details below* NO

**Endorsements\***

**Specialist registration\***

6. Have you practised the profession since 31 December 2017?

YES  NO



## SECTION C: Contact information



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

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

### 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?



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

YES

NO  *Provide your Australian principal place of practice below*



Principal place of practice for a registered health practitioner is:

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

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

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

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

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

**City/Suburb/Town\***

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



**10. 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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<b>State or territory</b> (e.g. VIC, ACT)/ <b>International province</b>	<b>Postcode/ZIP</b>		
<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 D: Suitability statements**



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

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

**11. 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.



**12. 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.

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.

**13. In the previous registration period, did you meet the Board's registration standard for professional indemnity insurance arrangements?**

YES

NO

For more information, see *Professional Indemnity Insurance* in *Information and definitions* on page two of this form.

**Provide details of your circumstances**

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.

**14. Do you commit to meet the Board's registration standard for professional indemnity insurance arrangements?**

YES

NO

When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's standard.

For more information, see *Professional Indemnity Insurance* in *Information and definitions* on page two of this form.

**Provide details of your circumstances**

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.

**15. Have you practised the profession in the past five years?**

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

N/A  I am a recent graduate applying for registration within the first year.

YES  I have practised the profession in the past five years.

NO  You **must** attach details that address the requirements of the Board's *Recency of practice registration standard*.



16. During your preceding period of registration, have you met the Board's continuing professional development (CPD) requirements?

YES

NO

**i** For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

Provide details of CPD that you have undertaken and why the CPD requirements have not been met

Form area for providing details of CPD undertaken and why requirements have not been met.



You **must** attach a separate sheet with additional details that do not fit in the space provided.

17. Did you hold an endorsement for conscious sedation prior to recent expiry of your registration, and require this to be reinstated?



If you respond 'No', you will no longer be able to undertake the practice of conscious sedation as defined by the Board's registration standard. If you do not hold an endorsement for conscious sedation, select N/A.

N/A

YES



You **must** email a certified copy of the attendance certificate from a Board-approved refresher course to AHPRA, as evidence that you have attended within the past 12 months. Please email this certificate to **DentalCS@ahpra.gov.au** and include your name and registration number in the subject line.

Please write 'Yes' in the box below, to indicate that you understand the requirement:

Text box for indicating understanding of the requirement.

NO

18. 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, including treatment plan and medical certificate/documentation, that do not fit in the space provided.

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

YES

NO



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

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

YES

NO



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

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

YES

NO



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

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



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

YES

NO



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



23. 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.

24. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?

YES

NO

**Provide details of the withdrawal or restriction of the right to practise**

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.

25. During your preceding period of registration, have your billing privileges been withdrawn or restricted under the *Human Services (Medicare) Act 1973 (Cth)* because of your conduct, professional performance or health?

YES

NO

**Provide details of the withdrawal or restriction of your billing privileges**

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.

26. Have you previously disclosed to AHPRA all known complaints made about you to:

- a registration authority; or
- another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?

'Complaints' refers to matters other than those made since 1 July 2010, under the National Law and already reported to AHPRA. **If you are not aware of any complaints made about you please select N/A.**

N/A  I am not aware of any complaints

YES  I have already disclosed all known complaints

NO  **I need to declare one or more complaints**

**Provide details below of all known complaints made about you since you last renewed your registration. Please include details about to whom the complaint was made and when the complaint was made.**

.....

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.....

Attach additional details of all known complaints made about you since you last renewed your registration that do not fit in the space provided.



## SECTION E: Obligations and consent



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

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

#### Continuing professional development

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

#### Professional indemnity insurance arrangements

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

#### Notice of certain events

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

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

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

#### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

### Consent

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

I understand that:

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

I acknowledge that:

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

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

I understand AHPRA may:

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

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

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

I declare that:

- **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

 /  /





## SECTION F: Payment



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

### Your required payment is detailed below

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

If you are applying for multiple divisions you are only required to pay one application fee and one registration fee. You must pay the fees belonging to the division with the highest registration fee.

<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 24px; font-weight: bold; color: #0070C0;">\$60</div>	+	<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Registration fee:</div> <div style="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="text-align: left;">Division</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr> <td>Dentist and/or specialist</td> <td style="text-align: right;"><b>\$647</b></td> </tr> <tr> <td>Dental hygienist, dental therapist and/or oral health therapist</td> <td style="text-align: right;"><b>\$319</b></td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right;"><b>\$575</b></td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	<b>\$647</b>	Dental hygienist, dental therapist and/or oral health therapist	<b>\$319</b>	Dental prosthetist	<b>\$575</b>	=	<div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; color: #C00000;">\$ INSERT FEE</div> <div style="font-size: 10px; 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	<b>\$647</b>											
Dental hygienist, dental therapist and/or oral health therapist	<b>\$319</b>											
Dental prosthetist	<b>\$575</b>											



#### Registration period

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

#### Refund rules

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

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



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

#### Mark one box below only

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Visa or MasterCard<br><b>Complete credit/debit card payment slip below</b> | <input checked="" type="checkbox"/> Cash/EFTPOS<br>(only available if paying in person) |
| <input type="checkbox"/> 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 full name
- your date of birth, and
- your registration number (if applicable).

### 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 G: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 2</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 11</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 12</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 12</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 12</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 13</b>	A separate sheet with details of why you have not met PII requirements	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with details of why you do not commit to practise the profession in Australia in accordance with the requirements of the Board's <i>PII arrangements registration standard</i>	<input type="checkbox"/>
<b>Question 15</b>	Details that address the requirements for recency of practice	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet with additional details of your CPD	<input type="checkbox"/>
<b>Question 17</b>	A certified copy of the attendance certificate from a Board-approved refresher course has been emailed to DentalCS@ahpra.gov.au	<input type="checkbox"/>
<b>Question 18</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 19</b>	A separate sheet with your suspension or cancellation details	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 21</b>	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
<b>Question 22</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 23</b>	A separate sheet with your conduct performance or health proceedings details	<input type="checkbox"/>
<b>Question 24</b>	A separate sheet with details of the withdrawal or restriction of the right to practise	<input type="checkbox"/>
<b>Question 25</b>	A separate sheet with details of the withdrawal or restriction of your billing privileges	<input type="checkbox"/>
<b>Question 26</b>	A separate sheet with details of all known complaints made about you during your preceding period of registration	<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"/>

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)

### 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)