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

Profession: Dental

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

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

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

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

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

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

This application comprises:

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

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

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

PART A – To be completed by the applicant

SECTION A: Application inclusions

1. What are you applying for registration as?

Mark all options applicable to your application

☐ Dentist (including dental specialist)
☐ Dental hygienist
☐ Dental therapist
☐ Dental prosthodontist
☐ Oral health therapist

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

YES ☐ Go to the next question NO ☐ Go to question 4
3. What speciality/specialities are you applying for limited registration in?

Mark all options applicable to your application

- Dento-maxillofacial radiology
- Endodontics
- Forensic odontology
- Oral & maxillofacial surgery
- Oral medicine
- Oral pathology
- Oral surgery
- Orthodontics
- Paediatric dentistry
- Periodontics
- Prosthodontics
- Public health dentistry (community dentistry)
- Special needs dentistry

4. Why are you applying for limited registration?

Mark the option applicable to your application

- ADC exam only
- ADC exam and a clinical assessment or training program
- Exam accredited by the ADC only
- Exam accredited by the ADC and a clinical assessment or training program
- Clinical assessment or training program only

5. When do you need your registration to start?

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

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

Commencement date

D D / M M / Y Y Y Y

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

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

Months

SPECIFY

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

SECTION B: Personal details

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

7. What is your name and date of birth?

Title*

MR □ MRS □ MISS □ MS □ DR □ OTHER □ SPECIFY

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth

D D / M M / Y Y Y Y

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.
8. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC
NSW
QLD
SA
WA
NT
TAS
ACT

Sex*

MALE
FEMALE
INTERSEX / INDETERMINATE

Languages spoken fluently other than English (optional)*

8. Effective from: 10 September 2018

SECTION C: Proof of identity

You must provide proof of your identity with this application. Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

You must provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

9. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

YES ☐

NO ☐ Go to the next question

Attachment required below – then go to Section D: Contact information

You must attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy must include:

- a certified copy of the identity information page (the photo page), and

10. Which documents from each category will you provide for proof of identity?

You must only use each document once.

The documents provided must meet the following criteria:

- At least one document must be in the applicant’s current name.
- Your category B document must have a recent photo.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- All documents must be true certified copies of the original. See Certifying documents in the Information and definitions section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)

<table>
<thead>
<tr>
<th>Documents</th>
<th>Category used:</th>
<th>Category used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian birth or adoption certificate</td>
<td>A B C</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian visa (Foreign passport must be selected as evidence for Category B)</td>
<td>A B C</td>
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<td>ImmiCard</td>
<td>A B C</td>
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<td>Australian citizenship certificate</td>
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<td>Australian passport</td>
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<td>Australian motor vehicle licence</td>
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<td>Foreign passport</td>
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<td>Australian Working with Children/ Vulnerable People Card</td>
<td>NA NA</td>
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<td>Australian government benefits</td>
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<td>Australian academic transcript</td>
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<td>Australian registration certificate</td>
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<td>Australian registration certificate</td>
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<td>NA NA</td>
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</tbody>
</table>

You must attach a certified copy of all proof of identity documents that you have indicated above.
11. What is your residency status within Australia?

Current residency status

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

SECTION D: Contact information

Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

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

12. What are your contact details?

Provide your current contact details below – place an ☒ next to your preferred contact phone number.

Business hours

After hours

Email

13. What is your residential address?

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

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

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

Residential address cannot be a PO Box.

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

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

City/Suburb/Town*

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

Country (if other than Australia)

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

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.

YES ☐ NO ☐ Provide your Australian principal place of practice below

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*
15. What is your mailing address?
- My residential address
- My principal place of practice
- Other (Provide your mailing address below)

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

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

City/Suburb/Town

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

Postcode/ZIP

Country (if other than Australia)

SECTION E: Qualification for the profession

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

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

16. Are you relying on an ADC assessment of your qualifications as the basis for your application?
- YES
- NO Go to the next question

Attachment required below – then go to question 18

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

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

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

Primary qualification

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

Completion date

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

18. What is your health practitioner registration history?

If you have been previously registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from every jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner during the past five years. Certificates must be dated within three months of your application being received by AHPRA.

**Current registration**

<table>
<thead>
<tr>
<th>State/Territory/Country</th>
<th>Profession</th>
<th>Period of registration</th>
</tr>
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</table>

**Additional registration**

<table>
<thead>
<tr>
<th>State/Territory/Country</th>
<th>Profession</th>
<th>Period of registration</th>
</tr>
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</tbody>
</table>

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

**SECTION G: Work History**

19. What is your full practice history?

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

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

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

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

20. Do you have any criminal history in Australia?

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

YES □ NO □

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

21. Do you have any criminal history in one or more countries other than Australia?

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.

NO □ Go to the next question

YES □ You are required to:
• obtain an international criminal history check from an approved vendor for each country and provide details below, and
• provide details of your criminal history in a signed and dated written statement.

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

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

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

22. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

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.

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.

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

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

YES □ Go to the next question

NO □ Go to question 25

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

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

NO □ Go to the next question
All applicants must demonstrate English language competency via one of the following pathways:


A recognised country means one of the following countries:
- Australia
- New Zealand
- South Africa
- United States
- United Kingdom
- United States of America.

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

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

Primary language pathway
With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:
- all of your primary and secondary education taught and assessed solely in English in a recognised country, and
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

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

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

AHPRA may verify the information you provide below.

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

Provide details of secondary and tertiary education in the table below, then go to question 29

Provide details of secondary, vocational and tertiary education in the table below, then go to question 29

This is a declaration that English is your primary language
Provide details of primary, secondary and tertiary education in the table below, then go to question 29

Go to question 26

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

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Level of education</th>
<th>Program name</th>
<th>Education institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study commenced:</td>
<td>Primary</td>
<td>ALST-20</td>
<td>Australia</td>
</tr>
<tr>
<td>Study completed:</td>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study commenced:</td>
<td>Tertiary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study completed:</td>
<td>Vocational</td>
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</tbody>
</table>

Provide details of secondary, vocational and tertiary education in the table below, then go to question 29

For more information, see English language skills registration standard.

If a qualification specified above was relied on for registration and is not an approved program of study, you must provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

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

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

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

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

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

Effective from: 10 September 2018
27. Which of these English language tests have you successfully completed?

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

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Report Form Number – Sitting One</th>
<th>Test Report Form Number – Sitting Two (if applicable)</th>
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</thead>
<tbody>
<tr>
<td>International English Language Test System (IELTS) Academic module</td>
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<td>A</td>
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<tr>
<td>Occupational English Test (OET)</td>
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<tr>
<td>Pearson Test of English Academic (PTE Academic)</td>
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<tr>
<td>Test of English as a Foreign Language internet-based test (TOEFL iBT)</td>
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The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

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

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

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that AHPRA can verify your results.

If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

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

| YES | NO |

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, and/or
- continuous enrolment in an approved program of study.

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

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

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

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

| YES | NO |

The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising. **Applicants unable to meet this requirement are ineligible for registration.**

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

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

| N/A | YES | NO |

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.**

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

I have practised the profession in the past five years.

You **must** attach details that address the requirements of the Board's **Recency of practice registration standard.**
31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?  
YES ☐  NO ☐  
You must attach to this application details of any conduct, performance or health proceedings.
SECTION I: Obligations and consent

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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner’s practice of the profession.

3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner’s practice of the profession.

4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means—

a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or

b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or

c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner’s practice of the profession; or

6. 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

7. 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

8. 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

9. a complaint is made about the practitioner to the following entities—

a(i) the chief executive officer under the Human Services (Medicare) Act 1973 (Cth);

b(ii) an entity performing functions under the Health Insurance Act 1973 (Cth);

c(iii) the Secretary within the meaning of the National Health Act 1953 (Cth);

d(iv) the Secretary to the Department in which the Migration Act 1958 (Cth) is administered;

e(v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners;

f) the practitioner’s registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—

a) a change in the practitioner’s principal place of practice;

b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;

c) a change in the practitioner’s name.

Employer’s details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—

a) information about whether the practitioner is employed by another entity;

b) if the practitioner is employed by another entity—

(i) the name of the practitioner’s employer; and

(ii) the address and other contact details of the practitioner’s employer.

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

Consent

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

I understand the test provider may be overseas.

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

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:

• a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and

• information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

• the Board may validate documents provided in support of this application as evidence of my identity, and

• failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

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

I understand AHPRA may:

• disclose the date my registration is to commence and future registration details; and

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

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

I 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

Name of applicant

Date

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

YES ☐ Go to Part B

NO ☐ Go to Part C

Effective from: 10 September 2018

Page 11 of 16
PART B – To be completed by the organisation/education provider

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

SECTION J: Organisation/education provider details

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

Provide organisation/education provider details below

Name of organisation

Family (legal) name of contact

First given name

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

City/Suburb/Town

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

Postcode

Contact phone number

Mobile

Email

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

Name of the clinical training or assessment program

Date(s) of the clinical training or assessment program

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

You must attach a separate sheet if all the types of clinical practice to be undertaken does not fit within the spaces provided.
SECTION K: List of sites

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

<table>
<thead>
<tr>
<th>Site/Building (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)</th>
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</table>

<table>
<thead>
<tr>
<th>City/Suburb/Town</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State/Territory (e.g. VIC, ACT)</th>
<th>Postcode</th>
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</thead>
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<td></td>
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</tr>
</tbody>
</table>

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

SECTION L: Organisation/education provider’s consent

I declare that the information provided in part B of this form (including clinical training or assessment details) are true and correct.

I confirm that the applicant named below has been formally accepted to participate in the clinical assessment or training program as described in this application.

<table>
<thead>
<tr>
<th>Name of applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D/M/Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of organisation/education provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of organisation/education provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

SIGN HERE
PART C – To be completed by the applicant

SECTION M: Payment

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

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

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

<table>
<thead>
<tr>
<th>Application fee:</th>
<th>Registration fee:</th>
<th>Amount payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ INSERT FEE</td>
<td>$ INSERT FEE</td>
<td>$ INSERT FEE</td>
</tr>
</tbody>
</table>

Division | Fee  
---|------
Dentist and/or specialist | $334 |
Dental hygienist/therapist and/or oral health therapist | $163 |
Dental prosthetist | $334 |

Pro-rata registration fees

<table>
<thead>
<tr>
<th>Division</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
</table>
Dentist and/or specialist | $55 | $111 | $166 | $221 | $276 | $332 | $387 | $442 | $497 | $553 | $608 | $663 |
Dental hygienist, therapist and/or oral health therapist | $27 | $55 | $82 | $109 | $136 | $164 | $191 | $218 | $245 | $273 | $300 | $327 |
Dental prosthetist | $49 | $98 | $147 | $196 | $245 | $295 | $344 | $393 | $442 | $491 | $540 | $589 |

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

41. 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
- Visa or MasterCard  
  Complete credit/debit card payment slip below
- Cheque/Money order/Bank draft
- Cash/EFTPOS (only available if paying in person)

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

Amount payable $ 
Visa or MasterCard number  
Expiry date MM / YYYY 
Name on card  
Cardholder’s signature  
SIGN HERE
**SECTION N: Checklist**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Reasons for requiring registration longer than six months</td>
<td>☐</td>
</tr>
<tr>
<td>7</td>
<td>Evidence of a change of name</td>
<td>☐</td>
</tr>
<tr>
<td>9</td>
<td>A certified copy of a foreign passport</td>
<td>☐</td>
</tr>
<tr>
<td>10</td>
<td>Certified copies of all documents that provide sufficient evidence of your identity</td>
<td>☐</td>
</tr>
<tr>
<td>16</td>
<td>A certified copy of the ADC letter confirming your qualifications have been assessed and that you are eligible to sit the examination</td>
<td>☐</td>
</tr>
<tr>
<td>17</td>
<td>Original certified copy of your primary dental degree certificate</td>
<td>☐</td>
</tr>
<tr>
<td>17</td>
<td>A separate sheet with additional qualification details</td>
<td>☐</td>
</tr>
<tr>
<td>18</td>
<td>Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority</td>
<td>☐</td>
</tr>
<tr>
<td>18</td>
<td>A separate sheet with additional registration history details</td>
<td>☐</td>
</tr>
<tr>
<td>19</td>
<td>Your curriculum vitae</td>
<td>☐</td>
</tr>
<tr>
<td>20</td>
<td>A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances</td>
<td>☐</td>
</tr>
<tr>
<td>21</td>
<td>A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number</td>
<td>☐</td>
</tr>
<tr>
<td>21 &amp; 22</td>
<td>A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances</td>
<td>☐</td>
</tr>
<tr>
<td>22</td>
<td>ICHC reference page provided by the approved vendor</td>
<td>☐</td>
</tr>
<tr>
<td>25</td>
<td>A separate sheet with any additional qualification details</td>
<td>☐</td>
</tr>
<tr>
<td>25</td>
<td>Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English</td>
<td>☐</td>
</tr>
<tr>
<td>27</td>
<td>Copy of your English language test results</td>
<td>☐</td>
</tr>
<tr>
<td>28</td>
<td>Certified copy of your English language test results</td>
<td>☐</td>
</tr>
<tr>
<td>28</td>
<td>Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study</td>
<td>☐</td>
</tr>
<tr>
<td>30</td>
<td>Details that address the requirements for recency of practice</td>
<td>☐</td>
</tr>
<tr>
<td>31</td>
<td>A separate sheet with your impairment details</td>
<td>☐</td>
</tr>
<tr>
<td>32</td>
<td>A separate sheet with your current suspension or cancellation details</td>
<td>☐</td>
</tr>
<tr>
<td>33</td>
<td>A separate sheet with your previous cancellation, refusal or suspension details</td>
<td>☐</td>
</tr>
<tr>
<td>34</td>
<td>A separate sheet with your conditions, undertakings or limitations details</td>
<td>☐</td>
</tr>
<tr>
<td>35</td>
<td>A separate sheet with your disqualification details</td>
<td>☐</td>
</tr>
<tr>
<td>36</td>
<td>A separate sheet with your conduct, performance or health proceedings</td>
<td>☐</td>
</tr>
<tr>
<td>39</td>
<td>A separate sheet with types of clinical practice to be undertaken</td>
<td>☐</td>
</tr>
<tr>
<td>40</td>
<td>A separate sheet of the names and addresses of additional sites</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Payment**

<table>
<thead>
<tr>
<th>Fee</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application fee</td>
<td>☐</td>
</tr>
<tr>
<td>Registration fee</td>
<td>☐</td>
</tr>
<tr>
<td>If paying by cheque/money order/bank draft, your name and registration number are written on the back</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Effective from: 10 September 2018
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 initialed on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. ‘I have sighted the original document and certify this to be a true copy of the original’ and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

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

CHANGE OF NAME

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

Evidence must be a certified copy of one of the following documents:
- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

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

CRIMINAL HISTORY

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

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

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

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

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

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

CURRICULUM VITAE

Your curriculum vitae must:

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

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

ENGLISH LANGUAGE SKILLS

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

IMPAIRMENT

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

INFECTION CONTROL

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

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

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

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

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