Application for limited registration for teaching or research
Profession: Dental

This form is for appropriately qualified, overseas-trained dental practitioners who do not qualify for general registration and who wish to apply for limited registration to fill a teaching or research position under section 69 of the National Law.

Dental practitioners granted limited registration for teaching or research should note that the registration is granted for the particular purpose of the teaching or research employment position in accordance with the approved position description. A dental practitioner registered under this category of limited registration will not be eligible to undertake private practice. The terms of the limited registration for teaching or research will be notated on the Register of Dental Practitioners and any practice outside those terms is not permitted.

This type of limited registration may be granted for a period of up to 12 months and must be renewed annually. You can renew up to three times for total maximum period of four years, after which time a new application for limited registration can be made. Applicants for this type of registration are required to have a formal offer of a teaching or research position before applying for registration.

Applications for this type of registration can be made up to six months before the teaching or research position is due to commence.

This application comprises:
- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the employer
- **Part C:** to be completed by the supervisor, and
- **Part D:** to be completed by the applicant.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form particularly the Limited registration for teaching or research registration standard published 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.

PART A – To be completed by the applicant

SECTION A: Application inclusions

1. Which division(s) of dental practitioner are you applying for limited registration in?

   Mark all options applicable to your application
   - [ ] Dentist (including dental specialist)
   - [ ] Dental therapist
   - [ ] Dental hygienist
   - [ ] Oral health therapist
   - [ ] Dental prosthodontist

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 Section B: Personal details

3. What speciality/specialties are you applying for limited registration in?

   Mark all options applicable to your application
   - [ ] Dento-maxillofacial radiology
   - [ ] Endodontology
   - [ ] Forensic odontology
   - [ ] Oral & maxillofacial surgery
   - [ ] Oral medicine
   - [ ] Oral pathology
   - [ ] Oral surgery
   - [ ] Orthodontics
   - [ ] Paediatric dentistry
   - [ ] Periodontics
   - [ ] Prosthodontics
   - [ ] Public health dentistry (community dentistry)
   - [ ] Special needs dentistry

Effective from: 24 October 2019
## SECTION B: Personal details

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

### 4. What is your name and date of birth?

<table>
<thead>
<tr>
<th>Title*</th>
<th>MR</th>
<th>MRS</th>
<th>MISS</th>
<th>MS</th>
<th>DR</th>
<th>OTHER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Family name*</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>First given name*</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Middle name(s)*</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous names known by (e.g. maiden name)</th>
<th></th>
</tr>
</thead>
</table>

Date of birth **DD** / **MM** / **YY**

If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see Change of name in the Information and definitions section of this form.

### 5. What are your birth and personal details?

<table>
<thead>
<tr>
<th>Country of birth</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Suburb/Town of birth</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Territory of birth (if within Australia)</th>
<th>VIC</th>
<th>NSW</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>NT</th>
<th>TAS</th>
<th>ACT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex*</th>
<th>MALE</th>
<th>FEMALE</th>
<th>INTERSEX / INDETERMINATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Languages spoken fluently other than English (optional)*</th>
<th></th>
</tr>
</thead>
</table>
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.

6. Are you applying for registration from outside of Australia AND unable to provide evidence from each category? [YES] [NO] Go to the next question

If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to www.ahpra.gov.au/identity for further information.

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

7. 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>Documents</th>
<th>Category used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian birth or adoption certificate</td>
<td>A</td>
<td>NA</td>
<td>Australian financial institution account</td>
</tr>
<tr>
<td>Australian visa (Foreign passport must be selected as evidence for Category B)</td>
<td>A</td>
<td>NA</td>
<td>Australian Medicare card</td>
</tr>
<tr>
<td>ImmiCard</td>
<td>A</td>
<td>NA</td>
<td>Australian PAYG payment summary</td>
</tr>
<tr>
<td>Australian citizenship certificate</td>
<td>A</td>
<td>NA</td>
<td>Australian motor vehicle registration</td>
</tr>
<tr>
<td>Australian passport</td>
<td>A</td>
<td>NA</td>
<td>Australian Taxation Assessment Notice</td>
</tr>
<tr>
<td>Australian motor vehicle licence</td>
<td>A</td>
<td>NA</td>
<td>Australian insurance policy</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>NA</td>
<td>NA</td>
<td>Australian pension/healthcare card</td>
</tr>
<tr>
<td>Australian Working with Children/Vulnerable People Card</td>
<td>NA</td>
<td>NA</td>
<td>A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.</td>
</tr>
<tr>
<td>Australian firearms or shooter’s licence</td>
<td>NA</td>
<td>NA</td>
<td>I have used a Category B or C document that has my current residential address.</td>
</tr>
<tr>
<td>Australian student ID card</td>
<td>NA</td>
<td>NA</td>
<td>Australian rate notice</td>
</tr>
<tr>
<td>Intl. or foreign motor vehicle licence</td>
<td>NA</td>
<td>NA</td>
<td>Australian lease or tenancy agreement</td>
</tr>
<tr>
<td>Australian proof of age card</td>
<td>NA</td>
<td>NA</td>
<td>Australian utility account</td>
</tr>
<tr>
<td>Australian academic transcript</td>
<td>NA</td>
<td>NA</td>
<td>Australian electoral enrolment card</td>
</tr>
<tr>
<td>Australian registration certificate</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

You must attach a certified copy of all proof of identity documents that you have indicated above.

8. What is your residency status within Australia?

[ ] 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.

9. What are your contact details?

Provide your current contact details below – place an [x] next to your preferred contact phone number.

<table>
<thead>
<tr>
<th>Business hours</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>After hours</th>
<th></th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
</tr>
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<td></td>
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</tbody>
</table>

10. 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.

<table>
<thead>
<tr>
<th>Site/building and/or position/department (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>City/Suburb/Town*</th>
</tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>State or territory (e.g. VIC, ACT)/International province*</th>
<th>Postcode/ZIP*</th>
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<table>
<thead>
<tr>
<th>Country (if other than Australia)</th>
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</table>

11. 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

<table>
<thead>
<tr>
<th>Site/building and/or position/department (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>State/Territory* (e.g. VIC, ACT)</th>
<th>Postcode*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. 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

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

Postcode/ZIP

Country (if other than Australia)

SECTION E: Qualification for the profession

Dental practitioner

To be eligible for limited registration for teaching or research, you must have a dental practitioner qualification of equivalent duration to an Australian graduate in the division of the Register of Practitioners in which you are seeking registration. As a guideline, the Board will apply the following requirements:

- dentist – four years full-time
- prosthetist – three years full time including a dental technical course
- oral health therapist – three years full time, and
- dental therapist and dental hygienist – two years full time, with variation for consecutive course of three years total for dual qualified.

Specialist dentists

To be eligible for limited registration for teaching or research as a specialist dentist, you must have both an undergraduate dentist qualification of equivalent duration to an Australian graduate and a specialist qualification in a dental specialty (which you have indicated you are eligible for on page 1 of this application form). As a guideline, the Board will apply the following minimum requirements:

- dentist – four years full-time, and
- specialist qualification in a dental specialty – two years post general qualification practice plus a three year full time course in a dental specialty.

13. 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 and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

Completion date

You must attach an original certified copy of your professional entry level qualification that indicates completion of a course of study leading to a qualification as a dental practitioner.
### Additional qualification and examinations/assessments

<table>
<thead>
<tr>
<th>Title of qualification</th>
<th>Name of institution (University/College/Examining body)</th>
<th>Country</th>
<th>Start date</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>MM/YY/YY</td>
<td>MM/YY/YY</td>
</tr>
</tbody>
</table>

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

### Specialist qualification and examinations/assessments

<table>
<thead>
<tr>
<th>Title of qualification</th>
<th>Name of institution (University/College/Examining body)</th>
<th>Country</th>
<th>Start date</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>MM/YY/YY</td>
<td>MM/YY/YY</td>
</tr>
</tbody>
</table>

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

14. What are the details of your specialist qualification (if applicable)?
**SECTION F: Registration history**

15. What is your health practitioner registration history?

To be eligible for limited registration for teaching or research you **must** provide evidence of current registration in the overseas locations where you practice.

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.

<table>
<thead>
<tr>
<th>Most recent registration State/ Territory/ Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
</tr>
<tr>
<td>Period of registration</td>
</tr>
<tr>
<td>DD / MM / YYYY to DD / MM / YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional registration State/ Territory/ Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
</tr>
<tr>
<td>Period of registration</td>
</tr>
<tr>
<td>DD / MM / YYYY to DD / MM / YYYY</td>
</tr>
</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](http://www.ahpra.gov.au/About-Ahpra/Contact-Us) for your Ahpra state office address.

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

**SECTION G: Work history**

16. 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.

17. 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.

18. 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.

YES ☐ NO ☐ Go to the next question

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.

Country

Check reference number

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.

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.

19. 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.

YES ☐ NO ☐ Go to the next question

You are required to obtain an international criminal history check from an approved vendor for each country and provide details below

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.

20. 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 22

21. 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.

Go to question 26

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

- Combined secondary and tertiary education pathway
- Extended education pathway
- Primary language pathway
- English language test pathway

**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.

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

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Program name</th>
<th>Education institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study commenced:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study completed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study commenced:</td>
<td></td>
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<tr>
<td>Study completed:</td>
<td></td>
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</tr>
<tr>
<td>Study commenced:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study completed:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a separate sheet with any additional details that do not fit in the space provided above.

**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.

**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.

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

- Combined secondary and tertiary education pathway
- Extended education pathway
- Primary language pathway
- English language test pathway

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

- One sitting
- Two sittings

Effective from: 24 October 2019
24. 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</th>
<th>Test report form number – sitting one</th>
<th>Test report form number – sitting two (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IELTS Academic module</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OET</td>
<td>Candidate number – sitting one</td>
<td>Candidate number – sitting two (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTE Academic</td>
<td>Registration ID – sitting one</td>
<td>Registration ID – sitting two (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOEFL iBT</td>
<td>Registration number – sitting one</td>
<td>Registration number – sitting two (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**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.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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.

27. Did you graduate from the degree corresponding to the division you are seeking registration in, more than three years ago?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

For more information, see the **Limited registration for teaching or research registration standard** available on the Board website.

If your qualification was awarded more than three years before the date of application, you **must** have practised clinical dentistry for a minimum of 250 hours per year for the last three years. These hours **must** be clearly documented in your curriculum vitae at question 15.
28. Will you be performing exposure-prone procedures in your practice?

Exposed prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient’s open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker’s hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.


Most dental practitioners working in clinical practice will perform EPPs.


You can also seek additional advice from your employer or professional association.

YES  [ ]  Go to the next question  NO  [ ]  Go to question 30

29. Do you commit to comply with the Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?

This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES  [ ]  NO  [ ]

30. 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.

31. 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.

32. 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.

33. 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.

34. 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.
35. 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: Details of the position**

36. When do you need your registration to start?

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

Commencement date

\[DD/MM/YYYY\]

37. What is the commencement date of the position?

Commencement date

\[DD/MM/YYYY\]

38. What is the completion date of the position?

Completion date

\[DD/MM/YYYY\]

39. What is the title of the position for which limited registration is being sought?

Practitioners with limited registration for teaching or research **must** maintain their employment in the designated position. If there is any change to the teaching or research position you must notify the Board immediately and you may need to submit a new application for registration to the Board.

Title of the position/role

You **must** attach a position description including:
- key selection criteria addressing clinical responsibilities
- qualifications and experience required, and
- details of the teaching or research activities and any clinical practice that will be undertaken

40. Do you agree that you will only practise under supervision if granted limited registration for teaching or research?

**YES** □

You **must** attach a proposed supervision plan in accordance with the Board’s guidelines on supervision available at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

**NO** □

Practitioners with limited registration for teaching or research must only practise under supervision.
**SECTION J: Obligations and consent**

**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.
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 acknowledge that:
- the Board may validate documents provided in support of this application as
evidence of my identity
- failure to complete all relevant sections of this application and to enclose all
  supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my
  application and registration (if granted) will be sent electronically to me via my
  nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal
  information where this is reasonably necessary to enable Ahpra to perform its
  functions under the National Law. These providers include Salesforce, whose
  operations are located in Japan and the United States of America.
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:
- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.
I declare that:
- the above statements, and the documents provided in support of this application,
  are true and correct, and
- I am the person named in this application and in the documents provided.
I make this declaration in the knowledge that a false statement is grounds for the Board
to refuse registration.

Signature of applicant

SIGN HERE

Name of applicant

Date D / M / Y Y Y Y Y
PART B – To be completed by the employer

SECTION K: Employer details

41. What are the details of the employer?
You as employer must provide a contact person (e.g. the name of the human resource manager/practice manager) and email address for receipt of notifications.

Provide employer details below
Name of employer organisation

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER ☐ SPECIFY

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

Business hours

Mobile

Email

42. What is the title of the teaching or research position for which limited registration is being sought?

Title of the position/role

SECTION L: List of sites

43. What are the names and addresses of all sites of practice (e.g. university campuses) for which limited registration is being sought?

Site/Building (if applicable)

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

City/Suburb/Town

State/Territory* (e.g. VIC, ACT) Postcode*
SECTION M: Employer's consent

I declare that the information provided in this Part B is true and correct.
I confirm that:
• the qualifications and clinical experience of the applicant named below are appropriate for the teaching/research role described in the position description attached, and
• the applicant named below has been formally offered the position as described in this application.

Name of applicant

Date

Name of employer

Signature of employer

SIGN HERE
PART C – To be completed by the supervisor

SECTION N: Supervisor details

44. Are you in the same division of the register as the applicant?  

YES ☐ NO ☐

The supervisor must be in the same division of the register as the applicant.

45. What are the details of the supervisor?

Supervisors must meet the requirements specified in the Board’s Guidelines on supervision. The Guidelines on supervision can be accessed online at www.dentalboard.gov.au/ Codes-Guidelines/Policies-Codes-Guidelines

Provide supervisor details below

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER ☐ SPECIFY ☐

Family (legal) name of principal supervisor

First given name

Registration number

DEN

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

Business hours contact phone number  Mobile

Email

As the proposed supervisor, you must attach your curriculum vitae detailing the practice you have undertaken since registration and your current position.

SECTION O: Supervisor’s consent

I undertake to:

• be the applicant’s principal supervisor and to provide a level of supervision as determined from time to time by the Board
• provide reports to the Board regarding the applicant’s safety and competence in the limited registration category in accordance with the requirements set by the Board.

I further undertake to:

• ensure that the applicant is practising safely and is not placing the public at risk
• observe the applicant’s work, conduct case reviews, periodically conduct performance reviews and identify and address any problems
• notify the Board immediately if I have concerns about the applicant’s clinical performance, health or failure to comply with conditions or undertakings, and
• inform the Board if I am no longer able to undertake the role of the applicant’s supervisor.

Name of principal supervisor

Signature of principal supervisor

Date

SIGN HERE
PART D – To be completed by the applicant

SECTION P: 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 Pro-rata registration fees table. Your registration fee depends on the division you wish to be registered, your principal place of practice 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>

Pro-rata registration fees

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of months you will be registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist and/or specialist</td>
<td>1</td>
</tr>
<tr>
<td>National fee</td>
<td>$57</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$70</td>
</tr>
<tr>
<td>Dental hygienist/therapist and/or oral health therapist</td>
<td>National fee</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$34</td>
</tr>
<tr>
<td>Dental prosthodontist</td>
<td>National fee</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$63</td>
</tr>
</tbody>
</table>

Refund rules

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

46. How are you paying your fees?

Mark one box below only
- [ ] Visa or MasterCard
- [ ] 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

<table>
<thead>
<tr>
<th>Amount payable</th>
<th>Name on card</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Visa or MasterCard number

Expiry date

SIGN HERE

Effective from: 24 October 2019
SECTION Q: Checklist

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

<table>
<thead>
<tr>
<th>Additional documentation</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 4 Evidence of a change of name</td>
<td>☐</td>
</tr>
<tr>
<td>Question 6 A certified copy of a foreign passport</td>
<td>☐</td>
</tr>
<tr>
<td>Question 7 Certified copies of all documents that provide sufficient evidence of your identity</td>
<td>☐</td>
</tr>
<tr>
<td>Question 13 Original certified copy of your primary dental degree certificate</td>
<td>☐</td>
</tr>
<tr>
<td>Question 14 A separate sheet with additional qualification details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 15 A separate sheet with additional specialist qualification details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 15 Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority</td>
<td>☐</td>
</tr>
<tr>
<td>Question 15 A separate sheet with additional registration history details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 16 Your curriculum vitae</td>
<td>☐</td>
</tr>
<tr>
<td>Question 17 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>Question 18 A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number</td>
<td>☐</td>
</tr>
<tr>
<td>Question 18 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>Questions 18 &amp; 19 ICHC reference page provided by the approved vendor</td>
<td>☐</td>
</tr>
<tr>
<td>Question 19 A separate sheet of additional overseas countries lived in and corresponding ICHC reference number</td>
<td>☐</td>
</tr>
<tr>
<td>Question 22 A separate sheet with any additional qualification details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 22 Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English</td>
<td>☐</td>
</tr>
<tr>
<td>Question 24 Copy of your English language test results</td>
<td>☐</td>
</tr>
<tr>
<td>Question 25 Certified copy of your English language test results</td>
<td>☐</td>
</tr>
<tr>
<td>Question 25 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>Question 30 A separate sheet with your impairment details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 31 A separate sheet with your current suspension or cancellation details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 32 A separate sheet with your previous cancellation, refusal or suspension details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 33 A separate sheet with your conditions, undertakings or limitations details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 34 A separate sheet with your disqualification details</td>
<td>☐</td>
</tr>
<tr>
<td>Question 35 A separate sheet with your conduct, performance or health proceedings</td>
<td>☐</td>
</tr>
<tr>
<td>Question 39 A position description</td>
<td>☐</td>
</tr>
<tr>
<td>Question 40 A supervision plan</td>
<td>☐</td>
</tr>
<tr>
<td>Question 43 A separate sheet of the names and addresses of additional sites</td>
<td>☐</td>
</tr>
<tr>
<td>Question 45 A curriculum vitae for the supervisor</td>
<td>☐</td>
</tr>
</tbody>
</table>

Payment

<table>
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</thead>
<tbody>
<tr>
<td>Application fee</td>
<td>☐</td>
</tr>
<tr>
<td>Registration fee</td>
<td>☐</td>
</tr>
</tbody>
</table>

If paying by cheque/money order/bank draft, your name and registration number are written on the back ☐

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

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

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Effective from: 24 October 2019
Information and definitions

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

• have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
• have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
• cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
• confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

• be under the ongoing care of a treating doctor with relevant expertise
• comply with prescribed treatment
• have ongoing viral load monitoring at the appointed times
• not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
• seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
• release monitoring information to the treating doctor

if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and

if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.


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 initialised 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