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#### Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

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- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

# **Keeping in contact**

We will let you know about important information to do with your application via your secure Ahpra portal.





# **Application for limited registration for** postgraduate training

Profession: **Dental** 

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

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 undertake postgraduate training under section 66 of the National Law as in force in each state and territory.

A dental practitioner registered under this category of registration will not be eligible to undertake any practice not associated with the training.

Dentists with limited registration for postgraduate training must maintain their enrolment in the designated postgraduate training program. If there is any change to the enrolment you must notify the Board immediately and you may need to submit a new application for registration to the Board.

For dental practitioners enrolled in an approved postgraduate program of study, the limited registration – postgraduate training is inextricably linked to the active participation and enrolment in the approved program of study.

Where active participation and enrolment ceases or is terminated, the limited registration - postgraduate training will end after 30 days.

Limited registration must be renewed annually and can be renewed a maximum of three times.

The Board expects that applicants seeking limited registration for postgraduate training will be supported by the education provider in relation to this application.

Applicants should familiarise themselves with all requirements for registration as a dental specialist. Refer to the Board's Dental specialist registration standard for details. Applications may be submitted up to six months in advance.

This application comprises:

- Part A: to be completed by the applicant
- Part B: to be completed by the education provider
- 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, in particular the Board's Limited registration for postgraduate training or supervised practice (section 66) registration standard, which contains information about the requirements for this type of registration. These can be found at www.dentalboard.gov.au



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

#### **Privacy and confidentiality**

The Board and Ahpra are committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at

#### www.ahpra.gov.au/privacy.

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

#### **Symbols in this form**



#### **Additional information**

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



#### Attention

Highlights important information about the form.



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

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.



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

Requires delivery of documents by an organisation or the applicant.

#### Completing this form

- Read and complete all questions.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: 🗶
- DO NOT send original documents.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

#### 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?

IVIa	rk all	options	applicable	to your	appii	cation
X	Den	tist (inclu	ding dental		X	Denta

specialist)

X	Dental therapist
X	Dental hygienist

erapis

Dental prosthetist

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

YES **Go to the next question** 





Go to Section B: Personal details

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

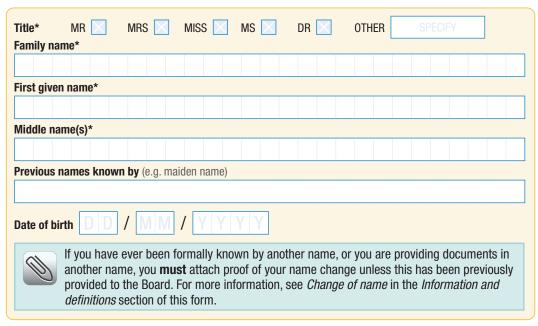
Mark all options applicable to you	r application	
Dento-maxillofacial	Oral medicine	Periodontics
radiology	Oral and maxillofacial pathology	Prosthodontics
Endodontics	Oral surgery	Public health dentistry
Forensic odontology	Orthodontics	(community dentistry)
Oral & maxillofacial surgery	Paediatric dentistry	Special needs dentistry

# **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?



5. What are your birth and personal details?

Country of	f birth							
City/Subu	rb/Town of b	irth						
State/Territory of birth (if within Australia)								
VIC 🔀	NSW 🔀	QLD 🔀	SA 🔀	WA 🔀	NT 🔀	TAS 🔀	ACT 🔀	
Sex*								
MALE X	FE	MALE 🔀	INTER	SEX/INDETER	RMINATE 🔀			
Language	s spoken flu	ently other t	han Englist	n (optional)*				

Effective from: 18 September 2025

#### 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.

6. Are you applying for registration from within Australia?



You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English. Please refer to Translating documents at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- For documents containing

   a photograph, the following
   certification statement must be
   included by the authorised officer,
   1 certify that this is a true copy
   of the original and the photograph
   is a true likeness of the person
   presenting the document as
   sighted by me.'
- 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.

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ImmiCard COTTIPIC		Australian motor vehicle registration	
of of ident	-i+\/	Australian Taytin Assessment Notice	
Australian passport GETT	LILY	3 <b>E</b> CLIOI1	
at the end of	f +bio	Australian pension/healthcare card	
at the end of	unis	I O I I beuments	



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







# At least one document must Please complete the new

**Proof of identity section** 

at the end of this form





#### **SECTION D:** Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au/login to change your contact details using your online account.

<ol><li>What are your contact detail</li></ol>
--

Provide your current contact details below – place an	next to your preferred contact phone number.
Business hours	Mobile
After hours	
Email	

#### 10. What is your residential address?



If you are not currently practising, or are not practising the profession predominantly at one address:

- · your residential address will be recognised as your principal place of practice, and
- the information items marked 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.

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ddress (e.	g. 123 J	AMES A	AVENU	E; or	UNIT	1A,	30 J	AMES	STR	EET)						
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ity/Suburl	b/Town*															
tate or ter	ritory (e	.g. VIC,	ACT)/	Inter	natio	onal	prov	ince*		Pos	tcod	e/ZII	<b>)</b> *			
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#### 11. Is the address of your principal place of practice the same as your residential



Principal place of practice for a registered health practitioner is:

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

Principal place of practice cannot be a PO Box.

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

ES 🔀	NO	Provide your Australian principal place of practice below
Site/building and/or	position/department (if	pplicable)
ddraga (o.g. 100 IAN	AEC AVENUE, or UNIT 1A	O JAMES STREET)
Address (e.g. 123 JAN	MES AVENUE; or UNIT 1A,	U JAINIES STREET)
City/Suburb/Town*		
State/Territory* (e.g.	VIC, ACT)	Postcode*

#### 12. What is your mailing address?



Your mailing address is used for postal correspondence.

N.	
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	٠

My residential address



My principal place of practice



Other (Provide your mailing address below)

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#### **SECTION E:** Qualification for the profession



To be eligible for limited registration for postgraduate training, 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.

# 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							
Title of qualification							
Name of institution (University/College/Ex	xamining body)						
Country							
Start date	Completion date						
MM/YYYY	MM / Y Y Y						
You <b>must</b> attach an original certified copy of your primary degree certificate that indicates completion of a course of study leading to a qualification as a dental practitioner.							



Additional qualification and examination  Title of qualification	ons/assessments
Name of institution (University/College/Exa	amining body)
Country	
Start date MM / Y Y Y Y	Completion date M M / Y Y Y Y



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

## **SECTION F:** Registration history

#### 14. What is your health practitioner registration history?



To be eligible for limited registration for postgraduate training 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.

Current registration State/Territory/Country										
Profession										
Period of registration    D D / M M / Y Y Y Y	to	DD,	' MI	<u>/</u>	Υ	Υ	Υ	/		



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.



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

## **SECTION G: Work History**

15. 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: Registration period



There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

16. If this application is approved, when would you like your limited registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see Registration approval dates in the Information and definitions section of the form.

On the date of the Board's approval

On the date below, or the date of the Board's approval, whichever is the latter



You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

Once your registration has been granted, you cannot change your registration start date.

#### **SECTION I:** 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.



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/ international criminal history. N0



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.

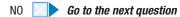
Country	Check reference number
You <b>must</b> attach a separate sheet if the list of overseas countrie reference number does not fit in the space provided.	s and corresponding check
You <b>must</b> attach the international criminal history check (ICHC) the approved vendor.	reference page provided by
You <b>must</b> attach a signed and dated written statement with deta each of the countries listed and an explanation of the circumsta	

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/

international criminal history.



YES

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 <b>must</b> attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.						
You <b>must</b> 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 YES primary language within the past five years?



I declare I have used English as my primary language within the past five years. Go to question 26

Go to the next question

#### All applicants must demonstrate English language competency via one of the following pathways:



A list of approved recognised countries and an evidence requirements guide is available at www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills

#### The combined education pathway

You must have a combination of secondary education and qualifications, where you have carried out and successfully completed:

- at least two years of your secondary education which was taught and assessed solely in English in a recognised country, and
- your qualification(s) for your profession, which were taught and assessed solely in English in a recognised country.

#### The advanced education pathway

You have carried out and successfully completed at least six years in total of (full-time equivalent) education, all taught and assessed solely in English in a recognised country which includes:

- your qualification(s) for your profession, and
- advanced education (tertiary) at a degree level (AQF level 7 or higher) which requires you to read, write, listen to and speak English.

A maximum of two years break while obtaining your qualifications and advanced education will be accepted.

The last period of education must have been completed no more than two years before applying for registration.

#### The school education pathway

Your main language is English and you have carried out and successfully completed:

- at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, and
- your qualification(s) for your profession, which were taught and assessed in any country solely in English.

#### The test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirement for test results as specified in the Appendix of the Board's English language skills registration standard.

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

	The continue to the continue t
U	Ahpra may verify the information you provide below. For more information, see <i>English language skills</i> in the <i>Information and definitions</i> section of this form.
	Allpla may verify the information you provide below. For more information, see Lights had get all discussion and definitions section
	Ahnra may verify the information you provide below. For more information, see English language skills in the Information and definitions section

The combined education pathway

Provide details of secondary and tertiary education in the table below, then go to question 26

The school education pathway

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 26* 

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 26

The test pathway

You do not need to complete the table below. Go to question 23

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

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address	Recognised country  If applicable	Study status
Study commenced:	Primary				Full time
MM Y Y Y Y	Secondary				Part time
Study completed:	Vocational				
MM Y Y Y Y	Tertiary				
Study commenced:	Primary				Full time
MM Y Y Y Y	Secondary				Part time
Study completed:	Vocational				
MM Y Y Y Y	Tertiary				
Study commenced:	Primary				Full time
MM Y Y Y Y	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				



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

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/Accreditation/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.

LPT-20	
3. Were your results from the English language tests	In certain circumstances, you can use English language test results from a maximum of two test sittings in a 1 month period. For more information, refer to the Board's English language skills registration standard.
obtained in one or two	One sitting Provide date of test below, then go to the next question and complete details for one sitting
sittings?	Two sittings Provide dates below, then go to the next question and complete details for both sittings
	Sitting one DD / MM / Y Y Y Y Sitting two DD / MM / Y Y Y Y
	age tests have you successfully completed?  the test(s) you are relying on and attach a copy of your test results.
Cambridge (C1 Advanced or C	
Verification number – sitting one	e: Verification number – sitting two (if applicable):
The Board requires Cambridge v in the writing component.	with a minimum overall score of 185 in the listening, reading, and speaking components, and a minimum score of 176
	ge Test System (IELTS) Academic module
Test report form number – sittin	
	A
	cademic module) with a minimum overall score of 7 and a minimum score of 7 in the listening, reading, and speaking core of 6.5 in the writing component.
Occupational English Test (OE	
Candidate number – sitting one:	: Candidate number – sitting two (if applicable):
The Board requires the OET with component.	n a minimum score of B in the listening, reading, and speaking components, and a minimum score of C+ in the writing
Pearson Test of English Acade	
Registration ID – sitting one:	Registration ID – sitting two (if applicable):
	demic with a minimum overall score of 66 and a minimum score of 66 in the listening, reading, and speaking nimum of 56 in the writing communicative skill.
	anguage internet-based test (TOEFL iBT)
Registration number – sitting on	ne: Registration number – sitting two (if applicable):
The Board requires the TOEEL in	3T with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 24 for writing, and 23 fo

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

YES >

NΩ

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



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 or in another relevant health, disability, or aged care
  related role where English was the primary language of practice in a recognised country, 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 or in another relevant
  health, disability, or aged care related role 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.

ΔI PT-20

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



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.

YES X

NO

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



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

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.

28. Will you be performing exposure-prone procedures in your practice?



**Exposure 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.

The CDNA has developed guidance on exposure-prone procedures in Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017 available online at

https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-onmanaging-bloodborne-viruses?language=en

Most dental practitioners working in clinical practice will perform EPPs.

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in Appendix 2 of the CDNA National Guidelines - Healthcare Workers Living with Blood Borne Viruses / Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses available online at https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-onmanaging-bloodborne-viruses?language=en.

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

YES



Go to the next question



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







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.





N0





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?









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



NO



overseas?

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



NO



Act) or overseas?



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).









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?









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

#### **SECTION J:** Details of the position



Limited registration may be granted for a maximum of 12 months initially and must be renewed annually. It can be renewed a maximum of three times.

36. When do you need your limited registration to start?



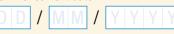
The date registration is approved



The date indicated below, being a date subsequent to the approval date

Applicants may request that the registration pre-date their commencement of the training program by up to one month.

Comme	ncer	nent	date
	1		



37. What is the commencement date of the postgraduate program?

Commencement date											
DD	/	M M	/	Y	Y	Υ	Υ				

38. What is the completion date of the postgraduate program?

on	plet	ion	date						
D	D	/	M	M	/	Y	Υ	Υ	Y

39. What is the title of the postgraduate training program in which you are enrolled?

Title of the postgraduate training program	

#### 40. Is the program you are enrolled in included in the list of approved programs?



A list of approved programs can be found at www.dentalboard.gov.au/
Accreditation









- details of the postgraduate training program content
- qualifications and experience required to undertake the postgraduate training program, and
- details of the clinical activities and any clinical practice that will be undertaken.

# 41. Do you agree that you will only practise under supervision if granted limited registration for postgraduate training?

under this category of registration will not be eligible to undertake any practise not associated with the training.

A dental practitioner registered





You **must** attach a proposed supervision plan in accordance with the Supervised Practice Framework available at **www.dentalboard.gov.au** 







Practitioners with limited registration for postgraduate training must only practise under supervision.

# **SECTION K:** Obligations, consent and declaration



**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**

 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**

- 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.
- 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

- 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
  - 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
- 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.
- 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

- 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;
  - 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**

- 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 to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that
  I provide when requested at any time during the next 12 months, as
  evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - $\mbox{\bf d})$  considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

#### **Declaration**

#### I declare that:

- the statements made, and any documents provided, in support of this
  application are true and correct, and
- I am the person named in this application and in any documents provided. I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Adverting Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

# https://www.ahpra.gov.au/Publications/Advertising-hub.aspx | acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant	
SIGN HERE	
Name of applicant	
Date DD / MM / Y Y Y Y	



#### PART B – To be completed by the education provider

# **SECTION L:** Education provider details

42. What are the details of the sponsor contact at the education provider?



A sponsor contact at the education provider (e.g. the name of the course coordinator) and email address must be provided.

Provide edu	cation pr	ovider o	contac	t detai	ils bel	ow										
Name of edu																
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Family (legal	l) name of	contact														
First given n	ame															
Address/P0	Box (e.g.	123 JAM	IES AVE	ENUE;	or UNI	Г1А,	30 J <i>i</i>	AMES	STE	REET; c	or PO	вох	123	4)		
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City/Suburb/	lown															
State/Territo	ry (e.g. VIO	C, ACT)						Posto	code		7					
Contact phoi	ne numbe	r						Mobi	le		7			7		
Email																

43. What is the name of the postgraduate training program the applicant is enrolled in?



If this information has been provided at question 33, it does not need to be provided again.

Title of the postgraduate training program



If the program is not approved by the Board, the applicant is required to provide the following information on the postgraduate program:

- details of the postgraduate training program content
- qualifications and experience required for admission to the postgraduate training program, and
- details of the clinical activities and any clinical practice (including for example, teaching activities) that will be undertaken as part of the postgraduate training program.

# **SECTION M:** List of sites/campuses

44. What are the names and addresses of all sites/ campuses of practice for which limited registration is being sought?



Practitioners with limited registration for postgraduate training must only practise under supervision and the sites/campuses at which this practice will occur must be approved by the Board.

<b>Idress</b> (e.g. 1	23 JA	MES A	/ENUI	E; or	UNIT	1A,	, 30	JAM	ES S	TREE	ET)					
ty/Suburb/To	own															
ate/Territory	(e.g. \	/IC, AC	T)							Į	Posto	code	_			
te/Building (	if app	licable	·)													
te/Building (	if app	licable	)													
te/Building (	if app	licable	e)													
te/Building (				E; or	UNIT	· 1A,	, 30	JAM	ES S	TREE	ET)					
				E; or	UNIT	· 1A,	, 30	JAM	ES S	TREE	ET)					
				E; or	UNIT	· 1A,	, 30	JAM	ES S	STREE	ET)					
				E; or	UNIT	· 1A,	, 30	JAM	ES S	STREE	ET)					
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Idress (e.g. 1	23 JA			E; or	UNIT	· 1A,	, 30	JAM	ES S	TTREE	ET)					
ddress (e.g. 1	23 JA			E; or	UNIT	· 1A,	, 30	JAM	ES S	TTREE	ET)					
	23 JA	MES A	/ENUI	E; or	UNIT	· 1A,	, 30	JAM	ES S			code				



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

# **SECTION N:** Education provider consent

I declare that the information provided in this document (including supervision and training details) is true and correct. I confirm that the applicant named below has been:

- · assessed as having the qualifications and experience necessary to undertake the postgraduate training program, and
- formally enrolled in the postgraduate training program as described in this application.

Name of applicant	Name of education provider contact
Date DD / MM / YYYYY	Signature of education provider contact  SIGN HERE

Effective from: 18 September 2025



# PART C – To be completed by the supervisor

# **SECTION 0:** Supervisor details

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

	1	١C



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

# 46. What are the details of the supervisor?



Applicants granted limited registration for postgraduate training **must** only practise under supervision.

The applicant is required to provide a supervision plan.

There are parts of this supervision plan that the supervisor is required to complete.

Provide supervisor details below	
MR MRS MISS MS DR OTHER SPECIFY	
Family (legal) name of primary supervisor	_
First given name	
Registration number	
DEN	
Position	
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)	
Additional of Box (e.g. 120 of the Entre 1, or of t	
	닉
City/Suburb/Town	
State/Territory (e.g. VIC, ACT)  Postcode	_
State/remoty (e.g. vio, Act)	
Contact phone number Mobile	
Email	
Vou mount attack a conviculum vites for the concernious detailing the prosties and externor	
You <b>must</b> attach a curriculum vitae for the supervisor detailing the practice undertaken since registration and the current position of the supervisor.	

# **SECTION P:** Supervisor's consent

I undertake to be the applicant's primary supervisor and to provide a level of supervision as determined from time to time by the Board.

- 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
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor, and
- provide supervision reports as required by the Board.

D E N  Signature of primary supervisor  SIGN HERE	Name of primary supervisor	Registration number of primary supervisor
Date Signature of primary supervisor  SIGN HERE		DEN
SIGN HERE	Date / Manage / Manag	Signature of primary supervisor
		SIGN HERE



#### PART D - To be completed by the applicant

# **SECTION Q:** Payment

#### You are required to pay BOTH an application fee and a registration fee

- 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.



# Registration fee:

Amount payable:

\$ INSERT FEE

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

#### Pro-rata registration fees

Number of months you will be registered

Division		1	2	3	4	5	6	7	8	9	10	11	12						
Dentist and/or specialist	National fee	\$68	\$136	\$205	\$273	\$341	\$409	\$477	\$545	\$614	\$682	\$750	\$818						
Dentist and/or specialist	NSW fee	\$66	\$132	\$199	\$265	\$331	\$397	\$463	\$529	\$596	\$662	\$728	\$794						
Dental hygienist, therapist	National fee	\$21	\$43	\$64	\$85	\$107	\$128	\$149	\$171	\$192	\$213	\$235	\$256						
and/or oral health therapist	NSW fee	\$21	\$42	\$63	\$84	\$105	\$126	\$147	\$168	\$189	\$210	\$231	\$252						
Dontal proofhatiat	National fee	\$23	\$46	\$70	\$93	\$116	\$139	\$162	\$185	\$209	\$232	\$255	\$278						
Dental prosthetist	NSW fee	\$23	\$46	\$69	\$92	\$115	\$138	\$161	\$184	\$207	\$230	\$253	\$276						

1

**Refund rules** 

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

47. Please complete the credit/debit card payment slip below.

# Amount payable \$ Visa or Mastercard number Expiry date CW SIGN HERE



# **SECTION R:** Checklist

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

Additional dod	cumentation	Attache
Question 4	Evidence of a change of name	X
Question 6	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 8	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 13	Original certified copy of your primary dental degree certificate	X
Question 13	A separate sheet with additional qualification details	$\times$
Question 14	Certificate of Registration status or Certificate of Good Standing has been requested from relevant authority	$\times$
Question 14	A separate sheet with additional registration history details	$\times$
Question 15	Your curriculum vitae	$\times$
Question 17	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	$\times$
Question 18	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	X
Question 18	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	X
Questions 18 & 19	ICHC reference page provided by the approved vendor	$\times$
Question 19	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 22	A separate sheet with any additional qualification details	$\times$
Question 22	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	$\times$
Question 24	Copy of your English language test results	X
Question 25	Certified copy of your English language test results	$\times$
Question 25	Evidence of continuous employment as a registered health practitioner or in a relevant health, disability, or aged care related role where English was the primary language of practice and/or continuous enrolment in an approved program of study	$\times$
Question 27	Details that address the requirements for recency of practice	$\times$
Question 30	A separate sheet with your impairment details	$\times$
Question 31	A separate sheet with your current suspension or cancellation details	$\times$
Question 32	A separate sheet with your previous cancellation, refusal or suspension details	X
Question 33	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 34	A separate sheet with your disqualification details	$\times$
Question 35	A separate sheet with your conduct, performance or health proceedings	$\times$
Question 40	Details of the postgraduate training program for the Board's consideration	$\times$
Question 41	A supervision plan	$\times$
Question 44	A separate sheet of the names and addresses of additional sites	$\times$
Question 46	Curriculum vitae for the supervisor	X
Payment		
	Application fee	X
	Registration fee	V

#### Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload. You may contact Ahpra on 1300 419 495

Effective from: 18 September 2025

#### 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 nonoccupational 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 exposureprone 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.

Additional information can be found in the CDNA 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 available online at https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en

#### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- 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.
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.aspx

#### **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 your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

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

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

#### **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**

The National Law defines impairment as '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'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

  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.

#### **PRACTICE**

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

#### PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a dental practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard. Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

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

#### RECENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you **must** have recent practice in dentistry and in any field of practice in which you intend to work during the period of registration for which you are applying.

If in the previous five years you have not practised in dentistry or the field of practice in which you intend to work during the period of registration, you will need to satisfy the Board's recency of practice requirements before your application for registration can be decided.

Recent graduates who apply for registration within the first year of graduation will not need to meet the recency of practice requirements.

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

#### REGISTRATION APPROVAL DATES

On the date of the Board's approval – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

On the date below or the date of the Board's approval, whichever is the latter – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.

# Applications **Proof of identity**

Before continuing, please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

1.	Do you have an Australian residential address?
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity
	No – Go to the next question
2.	Do you hold a current Australian or overseas passport?
	Yes - Select one option
	I have an Australian passport – Go to question 3
	I have an overseas passport – Go to question 4
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.
3.	<ul> <li>Can you provide the following proof of identity documents:</li> <li>one 'commencement of identity' document (e.g. Australian passport, Australian birth certificate)</li> <li>one 'primary use in the community' document (e.g. Australian drivers licence, Overseas Passport)</li> <li>two 'secondary use in the community' documents (e.g. Medicare card, Australian institution Tertiary Student Photo IE Foreign government issued document)</li> </ul>
	Yes - Thank you, no further questions. You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity.
	No - Go to the next question
1.	For Ahpra to verify your identity, can you provide two (2) of the following documents:  • a current Australian visa • foreign birth certificate • foreign identity card  • a current foreign driver's licence • foreign marriage certificate • credit or debit card  Order Yes - You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information,
	please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity  No -  You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity.

#### **Identity verification**

You are required to verify your identity.

To complete your identity check, once your application is received by Ahpra, you will be sent a link with instructions. The link will take you to our third party vendor InstalD+ website.

- You will be asked to take a selfie photo of your face with your photo ID and take photos of your identity documents. This will include any change of name evidence if you have changed your name
- You can do your identity check from your desktop (with a web camera) or mobile phone.
- Your documents are checked in real-time for authenticity and tampering. Facial recognition and liveness test are completed, and your identity details are checked against issuing authority databases for validity.
- If required, InstalD+ Customer Support may contact you directly
  if there is any follow up required about your identity check.

You must lodge your identity verification within 30 days to avoid your application being discontinued. If your application is discontinued, a refund of all fees will be provided.

If you have any questions, or require assistance with the identify verification, please contact InstaID+ on 1800 080 095.

Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity

An incomplete identity verification may delay processing and could result in your application for registration being withdrawn.