Dental Board Ahpra

Application for limited registration in the public interest

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, including dental specialists who do not qualify for general registration and who wish to apply for limited registration in the public interest under section 68 of the National Law.

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

In general, the Dental Board of Australia (the Board) will only register a dental practitioner under this category of registration for a limited time and/or for a limited scope.

Limited registration in the public interest is for dental practitioners who will usually be visiting from overseas for a short period and hold relevant qualifications in a division of dental practitioners. Examples of where it might be in the public interest to register a dental practitioner in this category include:

- an unexpected situation where a (natural) disaster has occurred
- for an expert to demonstrate a procedure or participate in a workshop, or
- to fill a short term position or a short term exchange of practice with a dental practitioner.

In order to grant limited registration in the public interest the Board must be satisfied that it is in the public interest for the dental practitioner to practise the profession given the dental practitioner's qualifications and experience.

An overseas dental practitioner is not required to have limited registration in the public interest when they are delivering a presentation, lecturing or undertaking simulation activity. In this circumstance the practitioner must not use a protected title under the National Law or hold themselves out as a registered dental practitioner in Australia, nor may they undertake clinical practice or supervise dental practitioners or students in any capacity in Australia.

Limited registration in the public interest is not an alternative for limited registration in teaching or research, or in postgraduate training and supervised practice. Limited registration in the public interest is not an alternative or suitable type of registration for dental practitioners who are working towards gaining general registration.

Applications may be submitted up to four months in advance.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the sponsor/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 guidelines before completing this application. Registration standards, codes and guidelines can be found at **www.dentalboard.gov.au**

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

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 unless specified.**

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

PART A – To be completed by the applicant

SECTION A: Registration division(s)

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
- ☐ Oral health therapist
- ☐ Dental hygienist
- ☐ Dental prosthetist

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/specialities are you applying for limited registration in?

Mark all options applicable to your application

- ☐ Dento-maxillofacial radiology
- ☐ Endodontics
- ☐ Forensic odontology
- ☐ Oral & maxillofacial surgery
- ☐ Oral medicine
- ☐ Oral and maxillofacial pathology
- ☐ Oral surgery
- ☐ Orthodontics
- ☐ Paediatric dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Public health dentistry (community 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?

Title*

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

Family name*

First given name*

Middle name(s)*

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

Date of birth D D / M M / Y Y Y Y

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

5. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken fluently other than English (optional)*

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?

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.

YES ☐ NO ☐ ***Go to the next question***

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

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

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.

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.
- 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.
- 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)

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

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

8. What is your residency status in Australia?

Current residency status

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

SECTION D: Contact information

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

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

9. What are your contact details?

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

Business hours ☐

Mobile ☐

After hours ☐

Email

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.

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

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

City/Suburb/Town*

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

Postcode/ZIP*

Country (if other than Australia)

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

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

Principal place of practice for a registered health practitioner is:

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

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

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

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

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

City/Suburb/Town*

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

Postcode*

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 in the public interest, you must have an undergraduate dental practitioner qualification of equivalent duration to an Australian graduate in the division of the Register of Practitioners that you are seeking registration in. As a guideline, the Board will apply the following minimum 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 in the public interest 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 M M / Y Y Y Y

Completion date M M / Y Y Y Y

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

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / 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.

14. What are the details of your specialist qualification (if applicable)?

Specialist qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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

SECTION F: Registration history

15. What is your health practitioner registration history?

To be eligible for limited registration in the public interest 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 D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

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 all 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**.

NO ☐ ***Go to the next question***

YES ☐ ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of your criminal history in a signed and dated written statement.***

Country	Check reference number

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

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

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

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**.

NO ☐ ***Go to the next question***

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

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:

An evidence requirements guide is available at **www.ahpra.gov.au/EnglishLanguageSkills**.
Recognised country means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

Combined secondary and tertiary education pathway
You have undertaken and satisfactorily completed:

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

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

Primary language pathway
With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

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

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

Ahpra may verify the information you provide below.

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

- ☐ Combined secondary and tertiary education pathway ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 26***
- ☐ Extended education pathway ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 26***
- ☐ Primary language 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***
- ☐ English language test pathway ▶ ***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: MM YYYY Study completed: MM YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM YYYY Study completed: MM YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM YYYY Study completed: MM YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time

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/Education/Approved-Programs-of-Study**
If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

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

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

- ☐ One sitting ▶ ***Provide date of test below, then go to the next question and complete details for one sitting***
- ☐ Two sittings ▶ ***Provide dates below, then go to the next question and complete details for both sittings***

Sitting one DD / MM / YYYY Sitting two DD / MM / YYYY

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.

☐ **International English Language Test System (IELTS) Academic module**

Test report form number – sitting one: A

Test report form number – sitting two (if applicable): A

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).

☐ **Occupational English Test (OET)**

Candidate number – sitting one: - -

Candidate number – sitting two (if applicable): - -

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

☐ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

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).

☐ **Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

Registration number – sitting two (if applicable):

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?

YES ☐ NO ☐

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

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

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

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

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

26. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken while you hold limited registration?

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 ☐ NO ☐

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

YES ☐ NO ☐

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?

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-on-managing-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-on-managing-bloodborne-viruses?language=en.**

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

YES ☐ ▶ ***Go to the next question*** NO ☐ ▶ ***Go to question 27***

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 public interest requirement

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. How many days do you require the limited registration?

Limited registration in the public interest will be granted for a maximum period of 30 days unless there are special circumstances to require registration for up to, but not exceeding, 90 days.

Days

SPECIFY

If there are special circumstances you **must** attach a detailed statement of those circumstances, signed by the sponsor/employer to this application.

38. What is the nature of the public interest position/role for which limited registration in the public interest is being sought?

Practitioners with limited registration for public interest **must** provide details of sponsor/employer (see Part B). If there is any change to the position/role you must submit a new application 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
- in the case of a dental practitioner who will demonstrate a procedure or participate in a workshop, details of the clinical activities the practitioner will be undertaking.

39. Why is it in the public interest to grant this registration?

You **must** attach a statement explaining why it is in the public interest to grant this type of registration.

40. Do you agree that you will only practise under supervision if granted limited registration in the public interest?

YES ☐

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

NO ☐

Practitioners with limited registration in the public interest must only practise under supervision.

SECTION J: 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

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

Professional indemnity insurance arrangements

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

Notice of certain events

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

Change in principal place of practice, address or name

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

Employer's details

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

Consent 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

  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

I **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

D D / M M / Y Y Y Y

PART B – To be completed by the sponsor/employer

SECTION K: Sponsor/employer details

41. What are the details of the contact person for the sponsor/employer?

Provide details of the contact person for the sponsor/employer below

Name of sponsor/employer organisation

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

Family (legal) name

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 contact phone number

Mobile

Email

42. What are the details of this sponsor?

Provide practitioner sponsor details below

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

Family (legal) name of sponsor contract

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 contact phone number

Mobile

Email

SECTION L: List of sites

43. What are the names and addresses of all sites of practice for which limited registration in the public interest 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

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

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

SECTION M: Sponsor/employer's consent

I declare that the information provided in this document is true and correct.
I confirm that the dental practitioner (applicant) named below has been formally offered the position as described in this application.

Name of applicant

Name of sponsor/employer

Date

D D / M M / Y Y Y Y

Signature of sponsor/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 a division of the register with the same scope of practice as the applicant or by a practitioner with a full scope of practice.

Dental hygienists, dental therapists, oral health therapists and dental prosthetists may be supervised by a practitioner in the same division of the register, or by a dentist or dental specialist. Dentists and dental specialists must be supervised by a practitioner in the same division of the register.

45. What are the details of the supervisor?

Supervisors must meet the requirements specified in the Supervised Practice Framework.

The Supervised Practice Framework is available at **www.dentalboard.gov.au**

Provide supervisor details below

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

Family (legal) name of primary supervisor

First given name

Registration number

D E N

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 primary 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 primary supervisor

Signature of primary supervisor

SIGN HERE

Date

D D / M M / Y Y Y Y

This page has been intentionally left blank.

PART D – To be completed by the applicant

SECTION P: 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.

Application fee:

$ INSERT FEE

Division	Fee
Dentist and/or specialist	**$362**
Dental hygienist/therapist and/or oral health therapist	**$176**
Dental prosthetist	**$362**

+

Registration fee:

$ INSERT FEE

=

Amount payable:

$ INSERT FEE

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

Pro-rata registration fees

Division		Number of months you will be registered											
		1	2	3	4	5	6	7	8	9	10	11	12
Dentist and/or specialist	National fee	$63	$126	$189	$252	$315	$378	$440	$503	$566	$629	$692	**$755**
	NSW fee	$67	$135	$202	$270	$337	$405	$472	$539	$607	$674	$742	**$809**
Dental hygienist, therapist and/or oral health therapist	National fee	$20	$40	$59	$79	$99	$119	$138	$158	$178	$198	$217	**$237**
	NSW fee	$20	$40	$59	$79	$99	$119	$138	$158	$178	$198	$217	**$237**
Dental prosthetist	National fee	$21	$43	$64	$86	$107	$129	$150	$171	$193	$214	$236	**$257**
	NSW fee	$21	$43	$64	$86	$107	$129	$150	$171	$193	$214	$236	**$257**

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

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

Credit/Debit card payment slip – please fill out

Amount payable

$

Visa or Mastercard number

Expiry date

M M / Y Y

Name on card

Cardholder's signature

SIGN HERE

SECTION Q: Checklist

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

Additional documentation		Attached
Question 4	Evidence of a change of name	☐
Question 6	A certified copy of a foreign passport	☐
Question 7	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 13	Original certified copy of your primary dental degree certificate	☐
Question 13	A separate sheet with additional qualification details	☐
Question 14	A separate sheet with additional specialist qualification details	☐
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 15	A separate sheet with additional registration history details	☐
Question 16	Your curriculum vitae	☐
Question 17	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 18	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 18	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 18 & 19	ICHC reference page provided by the approved vendor	☐
Question 19	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 22	A separate sheet with any additional qualification details	☐
Question 22	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	☐
Question 24	Copy of your English language test results	☐
Question 25	Certified copy of your English language test results	☐
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	☐
Question 30	A separate sheet with your impairment details	☐
Question 31	A separate sheet with your current suspension or cancellation details	☐
Question 32	A separate sheet with your previous cancellation, refusal or suspension details	☐
Question 33	A separate sheet with your conditions, undertakings or limitations details	☐
Question 34	A separate sheet with your disqualification details	☐
Question 35	A separate sheet with your conduct, performance or health proceedings	☐
Question 37	A detailed statement and/or other documentation explaining special circumstances	☐
Question 38	A position description	☐
Question 39	A detailed statement explaining why it is in the public interest to grant limited registration in the public interest	☐
Question 40	A supervision plan	☐
Question 43	A separate sheet of the names and addresses of additional sites	☐
Question 45	A curriculum vitae for the supervisor	☐
Payment		
	Application fee	☐
	Registration fee	☐

Please post this form with payment and required attachments to:

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

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

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

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.

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 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 initialled 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.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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

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

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

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

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

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

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 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)

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**