Application for limited registration for postgraduate training
Profession: Dental

This form is for appropriately qualified, overseas-trained dental practitioners who do not qualify for general registration and who wish to apply for limited registration to 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 this form. 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** Requests appropriate parties to sign the form where indicated.
- **Signature required** 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.**

**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?

   - [ ] Dentist (including dental specialist)
   - [ ] Dental therapist
   - [ ] Dental hygienist
   - [ ] Oral health therapist
   - [ ] 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 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?

<table>
<thead>
<tr>
<th>Title*</th>
<th>MR</th>
<th>MRS</th>
<th>MISS</th>
<th>MS</th>
<th>DR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First given name*</td>
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<td></td>
</tr>
<tr>
<td>Middle name(s)*</td>
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<tr>
<td>Previous names known by (e.g. maiden name)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>D/D</td>
<td>M/M</td>
<td>Y/Y/Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

   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

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

   You must only use each document once.

   The documents provided must meet the following criteria:

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

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

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

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

8. What is your residency status within Australia?

   **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](http://www.ahpra.gov.au) and

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

9. **What are your contact details?**

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

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

<table>
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<tr>
<th>After hours</th>
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<table>
<thead>
<tr>
<th>Email</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Site/building and/or position/department (if applicable)</th>
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<table>
<thead>
<tr>
<th>Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)</th>
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</table>

<table>
<thead>
<tr>
<th>City/Suburb/Town*</th>
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<table>
<thead>
<tr>
<th>State or territory (e.g. VIC, ACT)/International province*</th>
<th>Postcode/ZIP*</th>
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<table>
<thead>
<tr>
<th>Country (if other than Australia)</th>
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11. **Is the address of your principal place of practice the same as your residential address?**

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.

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

<table>
<thead>
<tr>
<th>State/Territory* (e.g. VIC, ACT)</th>
<th>Postcode*</th>
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</tbody>
</table>
12. What is your mailing address?

Your mailing address is used for postal correspondence.

☐ My residential address
☐ My principal place of practice
☐ Other (Provide your mailing address below)

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

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

City/Suburb/Town

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

Postcode/ZIP

Country (if other than Australia)

SECTION E: Qualification for the profession

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/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 degree certificate that indicates completion of a course of study leading to a qualification as a dental practitioner.
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/M/Y to D/M/Y

Additional registration

State/Territory/Country

Profession

Period of registration

D/M/Y to D/M/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.

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: Suitability statements

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

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

16. Do you have any criminal history in Australia?

   ![Warning]

   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.

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

   **NO** [ ]  **Go to the next question**

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

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

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

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

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

18. 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?

   **NO** [ ]  **Go to the next question**

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

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

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

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

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

   **YES** [ ]  **Go to the next question**

   **NO** [ ]  **Go to question 21**

20. 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 25**

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


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

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

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

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

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

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

English language test pathway
This is a declaration that English is your primary language

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

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

Provide details of secondary and tertiary education in the table below, then go to question 25
Provide details of secondary, vocational and tertiary education in the table below, then go to question 25
This is a declaration that English is your primary language
Go to question 22

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

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Level of education</th>
<th>Program name if applicable</th>
<th>Education institution Specify name and address</th>
<th>Recognised country if applicable</th>
<th>Study status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study commenced:</td>
<td>Primary</td>
<td></td>
<td></td>
<td>Australia</td>
<td>Full time</td>
</tr>
<tr>
<td>Study completed:</td>
<td>Secondary</td>
<td></td>
<td></td>
<td>New Zealand</td>
<td>Full time</td>
</tr>
<tr>
<td>Study commenced:</td>
<td>Tertiary</td>
<td></td>
<td></td>
<td>South Africa</td>
<td>Part time</td>
</tr>
<tr>
<td>Study completed:</td>
<td></td>
<td></td>
<td></td>
<td>United States</td>
<td>Part time</td>
</tr>
<tr>
<td>Study commenced:</td>
<td>Primary</td>
<td></td>
<td></td>
<td>Australia</td>
<td>Full time</td>
</tr>
<tr>
<td>Study completed:</td>
<td>Secondary</td>
<td></td>
<td></td>
<td>New Zealand</td>
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</tr>
<tr>
<td>Study commenced:</td>
<td>Tertiary</td>
<td></td>
<td></td>
<td>South Africa</td>
<td>Part time</td>
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<tr>
<td>Study completed:</td>
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<td>United States</td>
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<td>Australia</td>
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<td></td>
<td>New Zealand</td>
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<tr>
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<td>Tertiary</td>
<td></td>
<td></td>
<td>South Africa</td>
<td>Part time</td>
</tr>
<tr>
<td>Study completed:</td>
<td></td>
<td></td>
<td></td>
<td>United States</td>
<td>Part time</td>
</tr>
</tbody>
</table>

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.

22. 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 Sitting two
23. 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.

24. 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.

25. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?
   YES ☐ NO ☐

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

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

26. Have you practised the profession in the past five years?
   YES ☐ NO ☐

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

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

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

NO You must attach details that address the requirements of the Board’s Recency of practice registration standard.
27. 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.


Most dental practitioners working in clinical practice will perform EPPs.


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

YES ☐  Go to the next question  NO ☐  Go to question 29

28. 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 ☐

29. 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.

30. 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.

31. 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.

32. 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.

33. 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.
34. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

[ ] YES  [ ] NO

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

SECTION I: Details of the position

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.

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

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

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

Commencement date:

[ ] DD / MM / YYYY

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

Commencement date:

[ ] DD / MM / YYYY

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

Completion date:

[ ] DD / MM / YYYY

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

Title of the postgraduate training program:

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

[ ] YES  [ ] NO

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

If the postgraduate training program is not on the Board’s list of approved programs, the following details of the postgraduate training program must be attached for the Board’s consideration:

- 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.

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

[ ] YES  [ ] NO

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

You must attach a proposed supervision plan in accordance with the Board’s guidelines on supervision available at www.dentalboard.gov.au

Practitioners with limited registration for postgraduate training must only practise under supervision.
SECTION J: Obligations and consent

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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

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

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

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

Notice of certain events

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

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

Change in principal place of practice, address or name

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

- a) a change in the practitioner’s principal place of practice;
- b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
- c) a change in the practitioner’s name.

Employer’s details

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

- a) information about whether the practitioner is employed by another entity;
- b) if the practitioner is employed by another entity—
  (i) the name of the practitioner’s employer; and
  (ii) the address and other contact details of the practitioner’s employer.

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

Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application. I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board.
- my personal information will be extracted from this form and 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 to allow for any subsequent criminal history checks during my period of registration.
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.
Consent

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

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

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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

I understand Ahpra may:

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

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

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant

SIGN HERE

Name of applicant

Date

D DD / MM / YY
**PART B – To be completed by the education provider**

**SECTION K: Education provider details**

41. **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 education provider contact details below**
   
   Name of education provider
   
   MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER ☐ SPECIFY
   
   Family (legal) name of contact
   
   First given name
   
   Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)
   
   City/Suburb/Town
   
   State/Territory (e.g. VIC, ACT) ☐ Postcode ☐
   
   Contact phone number ☐ Mobile ☐
   
   Email

42. **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 L: List of sites/campuses

43. 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.

<table>
<thead>
<tr>
<th>Site/Building (if applicable)</th>
<th>Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)</th>
<th>City/Suburb/Town</th>
<th>State/Territory (e.g. VIC, ACT)</th>
<th>Postcode</th>
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</table>

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

SECTION M: 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

Signature of education provider contact

SIGN HERE
44. Are you in the same division of the register as the applicant?  YES □ NO □

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

45. What are the details of the supervisor?

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

The nominated supervisor must have current general registration; have a minimum of four years experience as a general dental practitioner in Australia; and must hold a senior education position relevant to postgraduate training.

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

<table>
<thead>
<tr>
<th>MR</th>
<th>MRS</th>
<th>MISS</th>
<th>MS</th>
<th>DR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>SPECIFY</td>
</tr>
</tbody>
</table>

Family (legal) name of principal supervisor

First given name

Registration number

Position

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

City/Suburb/Town

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

Contact phone number  Mobile

Email

You must attach a curriculum vitae for the supervisor detailing the practice undertaken since registration and the current position of the supervisor.

SECTION O: Supervisor’s consent

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

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
• 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.

Name of principal supervisor

Registration number of principal supervisor

Signature of principal supervisor

SIGN HERE
### PART D – To be completed by the applicant

**SECTION P: Payment**

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

**Your required payment is detailed below**

1. Select your application fee from the list under Application fee. Your application fee depends on which division you wish to be registered.
2. Select your registration fee from the Pro-rata registration fees table. Your registration fee depends on the division you wish to be registered, your principal place of practice and how many months you will be registered.
3. Add your application fee and registration fee to determine your amount payable.

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

#### Application fee:

<table>
<thead>
<tr>
<th>Division</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist and/or specialist</td>
<td>$343</td>
</tr>
<tr>
<td>Dental hygienist/therapist and/or oral health therapist</td>
<td>$167</td>
</tr>
<tr>
<td>Dental prosthodontist</td>
<td>$343</td>
</tr>
</tbody>
</table>

#### Registration fee:

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of months you will be registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist and/or specialist</td>
<td>1</td>
</tr>
<tr>
<td>National fee</td>
<td>$57</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$70</td>
</tr>
<tr>
<td>Dental hygienist, therapist and/or oral health therapist</td>
<td>National fee</td>
</tr>
<tr>
<td>National fee</td>
<td>$28</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$34</td>
</tr>
<tr>
<td>Dental prosthodontist</td>
<td>National fee</td>
</tr>
<tr>
<td>National fee</td>
<td>$50</td>
</tr>
<tr>
<td>NSW fee</td>
<td>$63</td>
</tr>
</tbody>
</table>

#### Pro-rate registration fees

46. **How are you paying your fees?**

- Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.
- Mark one box below only
  - Visa or MasterCard
  - Cash/EFTPOS
    - Complete credit/debit card payment slip below
    - Cheque/Money order/Bank draft

You must attach your cheque, money order or bank draft payable to the Australian Health Practitioner Regulation Agency.

On the back of the cheque, money order or bank draft, you must write your full name, your date of birth and your Ahpra registration number (if you have one).

#### Credit/Debit card payment slip – please fill out

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount payable</td>
<td></td>
</tr>
<tr>
<td>Visa or MasterCard number</td>
<td></td>
</tr>
<tr>
<td>Expiry date</td>
<td>MM / YY</td>
</tr>
<tr>
<td>Name on card</td>
<td></td>
</tr>
<tr>
<td>Cardholder's signature</td>
<td></td>
</tr>
</tbody>
</table>

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

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.

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.
## SECTION Q: Checklist

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

<table>
<thead>
<tr>
<th>Additional documentation</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 4</strong> Evidence of a change of name</td>
<td></td>
</tr>
<tr>
<td><strong>Question 6</strong> A certified copy of a foreign passport</td>
<td></td>
</tr>
<tr>
<td><strong>Question 7</strong> Certified copies of all documents that provide sufficient evidence of your identity</td>
<td></td>
</tr>
<tr>
<td><strong>Question 13</strong> Original certified copy of your primary dental degree certificate</td>
<td></td>
</tr>
<tr>
<td><strong>Question 14</strong> A separate sheet with additional qualification details</td>
<td></td>
</tr>
<tr>
<td><strong>Question 14</strong> Certificate of Registration status or Certificate of Good Standing has been requested from relevant authority</td>
<td></td>
</tr>
<tr>
<td><strong>Question 14</strong> A separate sheet with additional registration history details</td>
<td></td>
</tr>
<tr>
<td><strong>Question 15</strong> Your curriculum vitae</td>
<td></td>
</tr>
<tr>
<td><strong>Question 16</strong> A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td><strong>Question 17</strong> A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td><strong>Question 17</strong> A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td><strong>Question 17 &amp; 18</strong> ICHC reference page provided by the approved vendor</td>
<td></td>
</tr>
<tr>
<td><strong>Question 18</strong> A separate sheet of additional overseas countries lived in and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td><strong>Question 21</strong> A separate sheet with any additional qualification details</td>
<td></td>
</tr>
<tr>
<td><strong>Question 21</strong> Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English</td>
<td></td>
</tr>
<tr>
<td><strong>Question 23</strong> Copy of your English language test results</td>
<td></td>
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<tr>
<td><strong>Question 24</strong> Certified copy of your English language test results</td>
<td></td>
</tr>
<tr>
<td><strong>Question 24</strong> Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study</td>
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</tr>
<tr>
<td><strong>Question 26</strong> Details that address the requirements for recency of practice</td>
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<tr>
<td><strong>Question 29</strong> A separate sheet with your impairment details</td>
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<tr>
<td><strong>Question 30</strong> A separate sheet with your current suspension or cancellation details</td>
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<tr>
<td><strong>Question 31</strong> A separate sheet with your previous cancellation, refusal or suspension details</td>
<td></td>
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<tr>
<td><strong>Question 32</strong> A separate sheet with your conditions, undertakings or limitations details</td>
<td></td>
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<tr>
<td><strong>Question 33</strong> A separate sheet with your disqualification details</td>
<td></td>
</tr>
<tr>
<td><strong>Question 34</strong> A separate sheet with your conduct, performance or health proceedings</td>
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</tr>
<tr>
<td><strong>Question 39</strong> Details of the postgraduate training program for the Board's consideration</td>
<td></td>
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<tr>
<td><strong>Question 40</strong> A supervision plan</td>
<td></td>
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<tr>
<td><strong>Question 43</strong> A separate sheet of the names and addresses of additional sites</td>
<td></td>
</tr>
<tr>
<td><strong>Question 45</strong> Curriculum vitae for the supervisor</td>
<td></td>
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</tbody>
</table>

**Payment**

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

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** *(refer below)*  
**Sydney NSW 2001**  
**Melbourne VIC 3001**  
**Canberra ACT 2601**  
**Brisbane QLD 4001**  
**Adelaide SA  5001**  
**Perth WA 6001**  
**Hobart TAS 7001**  
**Darwin NT 0801**  

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au)
Information and definitions

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

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

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

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

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

• be under the ongoing care of a treating doctor with relevant expertise
• comply with prescribed treatment
• have ongoing viral load monitoring at the appointed times
• not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
• seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
• release monitoring information to the treating doctor
• if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
• if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.


CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

• be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
• be 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.

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.

CRIMINAL HISTORY

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

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

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

The Board will decide whether a health practitioner’s criminal history is relevant to the practice of the profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

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

CURRICULUM VITAE

Your curriculum vitae must:

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

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

ENGLISH LANGUAGE SKILLS

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

IMPAIRMENT

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

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

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

PRACTICE

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

PROFESSIONAL INDEMNITY INSURANCE (PII)

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

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

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