

## Registration Information for applicants for specific registration under section 7(1)(a)(b)(e) of the *Health Professions Registration Act 2005*

### 1. Who should complete this form?

Use this form to apply for **SPECIFIC REGISTRATION** if you are a dental practitioner whose **primary** qualification in dental care is not recognized by the Board and you wish to:

- fill a teaching or research position in dental care;
- exchange practices with a registered practitioner (if you are an applicant from another country);
- provide locum services for a registered practitioner (if you are an applicant from another country);
- practise in Victoria for a limited period or undertake limited practice in the public interest.

Specific registration is a limited form of registration which is granted for a particular purpose and for a limited time. The terms of the specific registration will be detailed on the register and practice outside those terms is not permitted.

### 2. Requirements for registration

The following eligibility requirements and procedures for registration apply:

#### 2.1 Qualifications & training

Registration under this section of the Act is only available to those who have qualification in dental care that **is not** recognized by the Board as qualifying them for general registration. (See List of recognized qualifications below).

#### 2.2 Evidence of Good Standing

If you *are currently registered* to practise outside Australia, the Board must receive a Certificate of Good Standing from any jurisdiction in which you are currently registered.

If you are *not currently registered* to practise, a statement of your registration and good standing must be provided from the last authority with which you were registered.

Such certificates or statements must come **directly** to the Board from the relevant jurisdiction otherwise they will not be accepted.

#### 2.3 Prior & recent practice

Applicants need to provide information about their previous practice. It is envisaged this would be approximately two years experience within the last four years, but it will be determined on a case by case basis.

Note: if you are applying for specific registration to fill a teaching or research position you do not need to provide this information.

#### 2.4 English language competence

Applicants must have a pass to A or B level in each of the following components of the occupational English test: listening, reading, writing and speaking. For details of the English language testing requirements contact the Council of Adult Education, which currently administers the test, or go to <http://www.oet.com.au>.

Note: if you are applying for specific registration to fill a teaching or research position you do not need to provide this information.

#### 2.5 Terms of specific registration

Practitioners who are eligible for this type of specific registration will have a condition on their registration which will appear on the public register and on the certificate of registration. This condition describes the terms of the registration including its purpose, duration, locations and any other limitations on practice. You are only permitted to practise dentistry within those terms.

#### 2.6 Compliance with continuing professional development requirements

If granted registration you must comply with the Board's Code of Practice on Continuing Professional Development.

#### 2.7 Duration of specific registration

Specific registration can only be granted for a maximum of 12 months. If you need registration beyond this time, you will need to re-apply before the end of the initial 12 month period.

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### 2.8 Updating your details & providing information to the Board

Once registered you are required by law to advise the Board within 14 days of any change to your address details. You must notify the Board within 30 days if you are ordered by a court to pay damages or other compensation for alleged negligence in the provision of dental care. This obligation arises if the amount involved is over \$10,000. You are also obliged to inform the Board within 30 days if you are committed for trial for an indictable offence or if you are convicted or found guilty of an indictable offence. You must also notify the Board if you intend to change the type of dental care services you provide or your practice arrangements.

To update your contact details at any time follow the **Practitioner Login** link from the homepage of the Board's website at <http://www.dentprac.vic.gov.au/>

### 2.9 Professional indemnity insurance

When practising in Victoria you need to be covered by professional indemnity insurance that meets the minimum terms and conditions that the Board has specified.

#### Minimum Terms and Conditions

Your insurance policy must include:

- unlimited retroactivity of cover;
- "run-off" cover for retirement or death;
- civil liability cover for \$10 million for any one claim;
- two automatic reinstatements during the period of cover.

You must disclose to the Board any conditions or restrictions that are placed on your policy or any change in the basis of your cover. Cover provided to dental health care provider employees by Public Health facilities such as a public hospital, a denominational hospital or a Community Health Service, or by a Friendly Society, the University of Melbourne or the Royal Melbourne Institute of Technology satisfies the Board's minimum terms and requirements.

An undertaking that you accept these conditions forms part of this application.

### 2.10 Board's powers before deciding applications

In assessing an application for registration, the Board may investigate applicants or require them to:

- attend and answer questions relating to the application
- give the Board further information or any document that is reasonably required
- undergo a written, oral or practical examination
- undergo a health assessment.

The Board will decide on a case by case basis whether or not it needs to do any of the above before making a decision about the application.

## 3. Fees

The following fees (in Australian dollars) are current and must accompany your application for registration. Payment (in Australian dollars) may be made by cash, money order or cheque made out to Dental Practice Board of Victoria.

<u>Division</u>	<u>Fee</u> (payable in Australian dollars)
Dentist	<b>\$478.00</b>
Dental Prosthetist	<b>\$341.00</b>
Dental Hygienist	<b>\$180.00</b>
Dental Therapist	<b>\$180.00</b>

## 4. Where to lodge your application

You will need to lodge your application in person (Level 13, 114 Albert Road South Melbourne).

Contact the Dental Practice Board of Victoria on the telephone number above to arrange an **appointment** between the hours of 9am and 5pm weekdays.

## 5. Recognized qualifications

The following are the recognized qualifications for general registration. If you hold any of the qualifications listed below you are *not eligible for specific registration*.

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<u>Type of practitioner</u>	<u>Qualification for registration in Victoria</u>
<b>Dentist</b>	<p><b>Australian and New Zealand trained graduates</b> Undergraduate degree in dentistry granted by universities in Australia and New Zealand and accredited by the Australian Dental Council (ADC).</p> <p>Australian and New Zealand Dental Undergraduate Programs currently accredited by the Australian Dental Council are:</p> <ul style="list-style-type: none"><li>▶ Bachelor of Dental Surgery University of Adelaide</li><li>▶ Bachelor of Dental Surgery University of Otago</li><li>▶ Bachelor of Dental Science University of Melbourne</li><li>▶ Bachelor of Dental Science University of Queensland</li><li>▶ Bachelor of Dental Science University of Western Australia</li><li>▶ Bachelor of Dentistry University of Sydney</li><li>▶ Bachelor of Oral Health in Dental Science + Graduate Diploma of Dentistry Griffith University</li></ul> <p>[Please note that the process of accreditation is a continuous one and at any time a particular course may be fully accredited, partially accredited or under review. The list may be amended from time to time by the ADC].</p> <p><b>Graduates trained outside Australia</b></p> <p><b>(a) Trained in United Kingdom and Ireland</b> Bachelor degree in dentistry granted by universities in the United Kingdom or the Republic of Ireland and accredited by the General Dental Council.</p> <p><b>(b) Trained in countries other than United Kingdom and Ireland</b></p> <ul style="list-style-type: none"><li>▶ Australian Dental Council Certificate (issued upon successful completion of the ADC examination procedure)</li></ul>
<b>Dental prosthetist</b>	<p>Practitioners must possess the competencies set out in the Advanced Diploma of Dental Prosthetics accredited under the Health Training Package, by the Australian National Training Authority.</p> <ul style="list-style-type: none"><li>▶ Advanced Diploma of Dental Prosthetics, RMIT University</li></ul>
<b>Dental hygienist</b>	<p>Undergraduate degrees or diplomas in dental hygiene granted by universities in Australia and New Zealand and accredited by the Australian Dental Council.</p> <p>Australian and New Zealand Allied Oral Health Professional Programs currently accredited by the Australian Dental Council are:</p> <ul style="list-style-type: none"><li>▶ Bachelor of Oral Health (Dental Hygiene) University of Melbourne</li><li>▶ Bachelor of Oral Health Science La Trobe University</li><li>▶ Bachelor of Oral Health (Dental Hygiene &amp; Dental Therapy) University of Adelaide</li><li>▶ Advanced Diploma of Oral Health (Dental Hygiene) TAFE South Australia</li><li>▶ Bachelor of Applied Health Science (Oral Health) University of Queensland</li><li>▶ Associate Degree of Dental Hygiene Curtin University of Technology</li><li>▶ Bachelor of Oral Health (Dental Hygiene &amp; Dental Therapy) University of Sydney</li><li>▶ Bachelor of Oral Health (Dental Hygiene) University of Newcastle</li><li>▶ Bachelor of Oral Health Griffith University</li><li>▶ Bachelor of Health Science (Oral Health) University of Otago</li><li>▶ Bachelor of Health Sciences Oral Health (Dental Hygiene &amp; Dental Therapy) Auckland University of Technology</li></ul> <p>[Please note that the process of accreditation is a continuous one and at any time a particular course may be fully accredited, partially accredited or under review. The list may be amended from time to time by the ADC].</p>
<b>Dental therapist</b>	<p>Undergraduate degrees or diplomas in dental therapy granted by universities in Australia and New Zealand and accredited by the Australian Dental Council.</p>

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### Type of practitioner      Qualification for registration in Victoria

Australian and New Zealand Allied Oral Health Professional Programs currently accredited by the Australian Dental Council are:

- ▶ Bachelor of Oral Health (Dental Therapy) University of Melbourne
- ▶ Bachelor of Oral Health Science La Trobe University
- ▶ Bachelor of Oral Health (Dental Hygiene & Dental Therapy) University of Adelaide
- ▶ Bachelor of Applied Health Science (Oral Health) University of Queensland
- ▶ Associate Degree of Dental Therapy Curtin University of Technology
- ▶ Bachelor of Oral Health (Dental Hygiene & Dental Therapy) University of Sydney
- ▶ Bachelor of Oral Health Griffith University
- ▶ Bachelor of Health Science (Oral Health) University of Otago
- ▶ Bachelor of Health Sciences Oral Health (Dental Hygiene & Dental Therapy) Auckland University of Technology

[Please note that the process of accreditation is a continuous one and at any time a particular course may be fully accredited, partially accredited or under review. The list may be amended from time to time by the ADC].

### 6. Privacy statement

The Dental Practice Board of Victoria is committed to handling personal information in a responsible manner, having regard to your right to privacy. Our full privacy policy is available at <http://www.dentprac.vic.gov.au> or by contacting The Privacy Officer [privacy@dentprac.vic.gov.au](mailto:privacy@dentprac.vic.gov.au). Information on this form is being collected under the provisions of the *Health Professions Registration Act 2005* and associated regulations and will be used to process your application for registration. In order to process your application and carry out our primary functions, the Board will exchange information about you with other organizations, such as Australian and overseas health practitioner registration boards, educational institutions, insurance companies etc. In accordance with the law, once you are registered, some of your information will be made publicly available. The public Register includes your name, registration number, the type of registration granted, the date of your initial registration, your practice address details, your qualifications, any current endorsement, the division in which you are registered and any conditions or terms of registration. We also make public any languages spoken other than English (if you choose to provide this information to us). Most of this information can be searched on our website. Any person may obtain a copy of the Register or an extract from it.

### 7. Statutory declaration

The following persons can witness statutory declarations:

- a justice of the peace or a bail justice
- a public notary
- an Australian lawyer (within the meaning of the Legal Profession Act 2004)
- a clerk to an Australian lawyer;
- the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar of the Magistrates' Court or a registrar or deputy registrar of the Magistrates' Court
- the registrar of probates or an assistant registrar of probates
- the associate to a judge of the Supreme Court or of the County Court
- the secretary of a master of the Supreme Court or of the County Court
- a person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth
- a member of the police force
- the sheriff or deputy sheriff
- a member or a former member of either House of the Parliament of the Victoria
- a member or a former member of either House of the Parliament of the Commonwealth
- a councillor of a municipality
- a senior officer of a Council as defined in the Local Government Act 1989
- a medical practitioner registered under the Health Professions Registration Act 2005
- a dentist registered under the Health Professions Registration Act 2005
- a veterinary practitioner
- pharmacist
- a principal in a teaching service
- the manager of an authorised deposit-taking institution
- a member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- the secretary of a building society
- a minister of religion authorised to celebrate marriages
- a person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies or who holds office in a statutory authority with such a classification
- a fellow of the Institute of Legal Executives (Victoria)

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## Registration Information for applicants for specific registration under section 7(1)(a)(b)(e) of the *Health Professions Registration Act 2005*

### CHECKLIST – all the following information is required for your application to be considered:

- completed application form
- one passport size coloured photograph endorsed with your usual signature
- certified copy of qualifications
- certified copy of evidence of identity e.g. passport, birth certificate, driver's licence & Visa (where relevant)
- certified copy of evidence of the purpose of registration (e.g. of employment, locum work etc)
- certified copy of the results of occupational English test
- evidence of professional experience and positions held
- Certificate of Good Standing from any jurisdiction you are currently, or were last, registered in.  
NOTE: this **MUST** be sent to directly to the Board by the relevant authority
- any additional documents in support of your application
- Statutory Declaration properly signed and witnessed
- application fee (payable in Australian dollars. Note: this fee is non-refundable)
- documents must be originals or **photocopies certified** as true copies by an authorized person
- documents in a language other than English **must** be accompanied by a translation by an authorized translator

**Please keep these information pages for future reference**



**Application for specific registration under section 7(1)(a)(b)(e) of the *Health Professions Registration Act 2005***

**Section 3: Contact information – private**

This information will **not be open to public inspection** but will be used by the Board to contact you.

**Postal Address:**

.....

**Suburb/State:** ..... **Postcode:** .....

**Telephone:** ..... **Mobile:**.....  
(You must provide a contact phone number)

**Fax(optional):** ..... **Email address (optional):** .....

**Section 4: Practice address**

Your practice address and other practice details will be made available for public inspection. They appear on the Board's website and may be used by the public to contact you.

**Address :** .....

**Suburb:**..... **Postcode:** .....

**Telephone (optional):** ..... **Fax (optional):** .....

**Website (optional):** ..... **Email (optional):** .....

**Institutions where you may be providing dental health care during the period of specific registration:**

.....  
.....  
.....

**Section 5: Purpose and duration of specific registration**

**What is the purpose of the specific registration?:** [Please tick the relevant box]:

- To fill the following teaching or research position  
(Supporting evidence must be attached e.g. letter confirming employment in the position from the relevant institution)

.....  
[Specify name of institution and the teaching or research position]

**OR**

**Either**

- To exchange practice with a registered practitioner  
(Supporting evidence must be attached, such as written statement from practitioner whose practice is being exchanged)

**Or**

- To provide locum services for a registered practitioner  
(Supporting evidence must be attached, such as written statement from practitioner for whom you are providing the locum services)

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Details of registered practitioner:

Full name: .....

Registration number: ..... Contact phone number: .....

Address of practice: .....

**OR**

Other reason for limited practice in Victoria  
 [Note: the Board will assess this application on the basis of whether or not it is satisfied that it is in the "public interest" to register you]

What is the reason for wishing to practise in Victoria? .....

What are the public interest considerations that you believe the Board should take into account in assessing this application? (Attach additional sheets if necessary)

.....

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**Section 6: Duration of specific registration**

What is the duration of the specific registration: [Note: maximum period of specific registration is 12 months]

From: ..... To: .....  
 [Day Month Year] [Day Month Year]

**Section 7: Qualifications & training**

You must provide originals or **certified copies** of evidence of your qualifications in dental care. If a document is in a language other than English a translation by an authorized translator must also be provided.

Name of Course/degree/training	Educational Institution & Country	Year qualification awarded	Standard Abbreviation

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Name of Course/degree/training	Educational Institution & Country	Year qualification awarded	Standard Abbreviation

What was the normal entry requirement for the course?  
 .....

What was the normal length of the full time course?.....Years OR .....Semesters

What was the length of time you took to complete the course? .....Years .....Months

Date course commenced: ...../...../..... Date course completed: ...../...../.....  
Day Month Year Day Month Year

Did you study **Full time**  Yes  No OR **Part time**  Yes  No

**IF Part time** how many hours per week? .....

Was a period of compulsory practical or clinical experience a requirement of the course?  Yes  No

**IF Yes**

What was the length of time involved? .....  
[i.e. years, months, weeks or semester hours]

**Section 8: Prior & recent practice**

If you are applying for registration to fill a teaching or research position you do not need to complete this section.

Please provide details of your recent practice over **at least** the last 2 years. If there is insufficient space below, provide the details on another sheet and attach it to this application. If you have been employed you **must also** attach a statement from your employer/s outlining the duration and nature of your employment.

**8.1 Period of practice: From Date:**..... **To Date:**.....  
[Day Month Year] [Day Month Year]

**Type of practice:**  Full Time  Part Time: **Were you self-employed?**  Yes  No

**Job title:** .....

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Address of practice: .....

Name of employer: .....

Description of your duties: .....

.....

.....

8.2 Period of practice: From Date:..... To Date: .....

[Day Month Year]

[Day Month Year]

Type of practice:  Full Time  Part Time: Were you self-employed?  Yes  No

Job title: .....

Address of practice: .....

Name of employer: .....

Description of your duties: .....

.....

.....

8.3 Period of practice: From Date:..... To Date: .....

[Day Month Year]

[Day Month Year]

Type of practice:  Full Time  Part Time: Were you self-employed?  Yes  No

Job title: .....

Address of practice: .....

Name of employer: .....

Description of your duties: .....

.....

.....

**Section 9: Overseas registration**

A Certificate of Good Standing from any jurisdiction in which you are currently registered to practise must be provided to the Board. If you are not currently registered in another country, the last authority with which you were registered must provide a statement about your registration, including the date on which it ceased and confirming that while registered you were of good standing. The certificate or statement must come **directly** from the registering authority to the Board, otherwise it will not be accepted.

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Are you currently registered in a country other than Australia?  Yes  No

If you answered **YES**, please provide the following:

**Details of Registration:**

Registration Number: .....

Country: .....

Name of Registering body: .....

If you answered **NO**, please provide the following details for the **last** country in which you were registered:

**Details of Registration:**

Registration Number: .....

Country: .....

Name of Registering body: .....

Period of Registration: From date..... To date .....

[Day Month Year] [Day Month Year]

NOTE: A **Certificate of Good Standing** from the registering body or **other evidence** of the period of your registration which also states that you were of good standing must be sent to the Board directly from the registering authority.

**Section 10: English language**

If you are applying for registration to fill a teaching or research position you do not need to complete this section.

Applicants must have a pass to A or B level in each of the following components of the occupational English test (OET): **listening, reading, writing and speaking.**

Have you sat the occupational English test?  Yes  No [If you answered **No**, do not submit your application until you have successfully completed the test]

If you answered **Yes**, please provide the following details:

Date test completed:.....City where test took place: .....

[Day Month Year]

**Results of test:** Tick your results for each component.

<u>Component</u>	<u>Results</u>	
<b>Listening</b>	<input type="checkbox"/> Pass to <b>A level</b>	<input type="checkbox"/> Pass to <b>B level</b>
<b>Reading</b>	<input type="checkbox"/> Pass to <b>A level</b>	<input type="checkbox"/> Pass to <b>B level</b>
<b>Writing</b>	<input type="checkbox"/> Pass to <b>A level</b>	<input type="checkbox"/> Pass to <b>B level</b>
<b>Speaking</b>	<input type="checkbox"/> Pass to <b>A level</b>	<input type="checkbox"/> Pass to <b>B level</b>

Attach a certified copy of your test results.

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### Section 11: Other matters that may affect your application

The following information will be used to assist the Board in evaluating your application for registration (see sections 6 and 7(3) of the *Health Professions Registration Act 2005*). If you answer **YES** to any of the following questions please provide full details on a separate sheet.

- If YES  
attach details
1. Are you an alcoholic or drug dependent person?  Yes  No
  2. Do you have a physical or mental impairment which impairs your ability to practise dentistry?  Yes  No
  3. Have you been found guilty by a court of a serious offence?  Yes  No
  4. Have you ever been registered under this Act or any corresponding previous enactment regulating dental health practitioners, and under one of those Acts, had any disciplinary proceedings against you commenced but not completed?  Yes  No
  5. Have you at any time been deprived of any qualification by the body which granted the same?  Yes  No
  6. Have you ever had your right to practise as a dental health practitioner in another State or Territory or country cancelled or suspended and not restored for any reason?  Yes  No
  7. Have you ever had your name erased or removed from a register of dental health practitioners for any reason?  Yes  No
  8. Are you subject to any current suspension of registration or any current condition, limitation or restriction of practice?  Yes  No
  9. Are you subject to a claim of damages or other compensation for alleged negligence in the provision of dental care?  Yes  No

### Section 12: Declaration

The following declaration must be signed before a witness who is authorized to witness Statutory Declarations.

The following persons can witness statutory declarations:

- a justice of the peace or a bail justice
- a public notary
- an Australian lawyer (within the meaning of the Legal Profession Act 2004)
- a clerk to an Australian lawyer;
- the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar of the Magistrates' Court or a registrar or deputy registrar of the Magistrates' Court
- the registrar of probates or an assistant registrar of probates
- the associate to a judge of the Supreme Court or of the County Court
- the secretary of a master of the Supreme Court or of the County Court
- a person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth
- a member of the police force
- the sheriff or deputy sheriff
- a member or a former member of either House of the Parliament of the Victoria
- a member or a former member of either House of the Parliament of the Commonwealth
- a councillor of a municipality
- a senior officer of a Council as defined in the Local Government Act 1989
- a medical practitioner registered under the Health Professions Registration Act 2005
- a dentist registered under the Health Professions Registration Act 2005
- a veterinary practitioner
- pharmacist
- a principal in a teaching service
- the manager of an authorised deposit-taking institution
- a member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- the secretary of a building society
- a minister of religion authorised to celebrate marriages
- a person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies or who holds office in a statutory authority with such a classification
- a fellow of the Institute of Legal Executives (Victoria)

**Application for specific registration under section 7(1)(a)(b)(e) of the *Health Professions Registration Act 2005***

**Declaration**

I do solemnly and sincerely declare that:

- (a) the above statements are true and correct;
- (b) I am the person named in the attached documents;
- (c) I am the person in the attached photograph;
- (d) I have a good command of the English language;
- (e) I am aware of the Board's minimum terms and conditions for professional indemnity insurance and undertake to maintain at least that level of coverage whenever I am providing dental health care in Victoria. I am aware that if I fail to do so the board may take disciplinary action against me;
- (f) I am aware that under section 34 of the *Health Professions Registration Act 2005* I am required, within 30 days, to provide the Board with information about the amount of damages or other compensation I have been ordered by a court to pay in respect of a claim of alleged negligence in the provision of dental care (unless the court orders that the terms of the order should not be disclosed or if the amount is less than \$10,000); and that I am required to inform the Board within 30 days if I have been committed for trial for an indictable offence or been convicted or found guilty of the offence. Details of any such matter are attached;
- (g) I undertake that I will practise in accordance with the terms of my registration;
- (h) I am familiar with the Board's Codes of Practice on Infection Control and Continuing Professional Development and I undertake to comply with them and all other codes of practice and directives issued by the Board, and with all relevant legislation. I understand that failure to do so could lead to the Board taking disciplinary action against me.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at: .....in the State of ..... this

.....day of ....., two thousand and .....

Applicant's Signature: .....

[to be signed in front of an authorized witness]

Before me,

Signature of Authorized witness: .....

Name: .....

A person authorized to witness Declarations under section 107A of the *Evidence Act 1958* by virtue of being a

Address: .....

**Before submitting your application please check that you have included the following:**

- completed application form
- one passport size coloured photograph endorsed with your usual signature
- certified copy of qualifications
- certified copy of evidence of identity e.g. passport, birth certificate, driver's licence and Visa (where relevant)
- certified copy of evidence of the purpose of registration (e.g. of employment, locum work etc)
- certified copy of the results of occupational English test
- evidence of professional experience and positions held
- Certificate of Good Standing from any jurisdiction you are currently, or were last, registered in.  
NOTE: this **MUST** be sent to directly to the Board by the relevant authority
- any additional documents in support of your application

**Dental Practice Board of Victoria**

Postal Address: PO Box 7050, St Kilda Road VIC 8004

Telephone: +61 3 9694 9900

Fax: +61 3 9699 4711

E-mail: [office@dentprac.vic.gov.au](mailto:office@dentprac.vic.gov.au)

Website: [www.dentprac.vic.gov.au](http://www.dentprac.vic.gov.au)



Dental Practice Board  
of Victoria

**Application for specific registration under section 7(1)(a)(b)(e) of the *Health Professions Registration Act 2005***

- Statutory Declaration properly signed and witnessed
- application fee (payable in Australian dollars. Note: this fee is non-refundable)
- documents must be originals or photocopies certified as true copies by an authorized person
- documents in a language other than English must be accompanied by a translation by an authorized translator

Office Use Only

DateRecd...../...../..... RegNo..... DateReg...../...../.....

AmountPaid\$..... Cheque  Money Order  Cash  Receipt No.....

Identity Chck..... Doc Check ..... BoardDate ...../...../.....

RegisterUpdated...../...../..... MYOB updated...../...../..... CertifSent...../...../.....

Conditions ..... Approved...../...../.....