

## Registration Information for applicants for specific registration to undertake supervised practice or training

### 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 undertake:

- **supervised practice or training or**
- **training for an examination that is a qualification for general registration. For example if you are to sit the Australian Dental Council examination or undertake supervised training or practice prior to sitting the examination.**

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. What you must provide 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 (if relevant)
- certified copy of evidence of enrolment from the relevant institution
- Certificate of Good Standing from any jurisdiction you are currently, or were last, registered in. This **MUST** be sent directly to the Board by the relevant authority
- evidence of professional experience and positions held
- application fee (payable in Australian dollars. Note: this fee is non-refundable)
- any additional documentation in support of your application

**All documents must be originals or photocopies certified** as true copies by an authorized person. If the document is in a language other than English a translation by an authorized translator must be provided. Part of this application form is a statutory declaration. It must also be properly signed and witnessed.

**NOTE: Applicants who are sitting the ADC examination** If you have already provided the Australian Dental Council (ADC) with the documents that are required as part of their *Application for Assessment of Professional Qualifications in Dentistry*, then you do not need to provide them again with this application. The Board will exchange information with the ADC to process your application. The documents that are **not required** are:

- your qualifications
- a Certificate of Good Standing from any jurisdiction you are currently, or were last, registered in
- evidence of your professional experience and positions held

*Please Note: It is the ADC's policy that all candidates undertaking a preliminary or final clinical examination with the ADC must hold an Occupational English Test (OET) that is current at the closing date for the examination series for which they are applying.*

### 3. Where to lodge your application

Post your application to: Dental Practice Board of Victoria, PO Box 7050 St Kilda Road VIC 8004 OR deliver it to Level 13, 114 Albert Road, South Melbourne.

### 4. What happens once you've lodged your application

Your application will be assessed and if it is approved you will receive a Certificate of Registration. If the Board is proposing to refuse your application you will be notified and have the opportunity to make submissions to the Board about the proposal. 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.

#### 4.1 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.

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### 5. 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. However if you work part time for one of those organisations and part time elsewhere you must ensure that you have adequate coverage in the second position. An undertaking that you accept these conditions forms part of this application.

### 6. 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.

<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>

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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 Hygiene) University of Melbourne
- ▶ Bachelor of Oral Health Science La Trobe University
- ▶ Bachelor of Oral Health (Dental Hygiene & Dental Therapy) University of Adelaide
- ▶ Advanced Diploma of Oral Health (Dental Hygiene) TAFE South Australia
- ▶ Bachelor of Applied Health Science (Oral Health) University of Queensland
- ▶ Associate Degree of Dental Hygiene Curtin University of Technology
- ▶ Bachelor of Oral Health (Dental Hygiene & Dental Therapy) University of Sydney
- ▶ Bachelor of Oral Health (Dental Hygiene) University of Newcastle
- ▶ 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].

### **Dental therapist**

Undergraduate degrees or diplomas in dental therapy granted by universities in Australia and New Zealand and accredited by the Australian Dental Council.

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].

## **7. Fees**

The application fee of **\$AU 165.00** is payable in Australian dollars and must accompany your application. Payment may be made by cash, money order or cheque made out to Dental Practice Board of Victoria.

## **8. Updating your details & providing information to the Board**

Once you are 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. This obligation arises if the amount involved is over \$10,000. You are also obliged to inform the Board within 30 days of any commitment for trial, conviction or finding of guilt in relation to an indictable offence. You must also notify the Board if you intend to change the type of dental care services you provide.

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/>

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### 9. 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, the Australian Dental Council etc. In accordance with the law, if your application is successful, 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 or divisions in which you are registered and any condition or terms of registration. Most of this information can be searched on our website. Any person may obtain a copy of the Register or an extract from it.

### 10. 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)

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

## Application for specific registration to undertake supervised practice or training

### Instructions for completing this form

The accompanying Registration Information sheet contains important information. Please read it before completing this form

- Use BLOCK Letters and Black or Blue ink and ✓ appropriate boxes.
- Complete all sections of the form.
- If the information does not fit in the space provided, please attach another sheet.
- The information on this form is being collected in accordance with the provisions of the *Health Professions Registration Act 2005* and associated Regulations to assist the Board in carrying out its statutory functions. Unless otherwise indicated, you must supply the information to enable your application to be processed.

For Office Use Only

.....  
 Applicant's signature

Signed in presence of:  
 .....

### Section 1: Division of registration

Indicate which Division(s) you are seeking registration in

- Dentist     Dental Prosthetist     Dental Hygienist     Dental Therapist

### Section 2: Personal details

Title:             Dr     Miss     Mr     Mrs     Ms     Other [please specify] .....

Family Name: .....

Given Name(s): .....

Other Names by which you are known: .....  
[Specify any other names you are currently or have previously been known as e.g. maiden name, alias]

Date of Birth: ...../...../.....  
Day                      Month                      Year

Sex:     Female     Male

Country of Birth:.....

Are you an Australian Citizen?                       Yes                       No

If NO, do you have permanent resident status in Australia?                       Yes                       No

#### Visa Details:

Visa Type: .....

Date Approved: .....                      Duration: .....  
[Day Month Year]

[Provide copy of Visa]

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**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**

The address that will be made available to the public is your practice address. If you **do not** have a practice address you may record here the address you agree to make available for **public inspection** or leave it blank.

**Address:** .....

.....

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

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

**Section 5: Qualifications and experience**

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/certificate	Educational Institution & Country	Year awarded
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Details of experience and positions held:** [Attach evidence]

.....

.....

.....

.....

## Application for specific registration to undertake supervised practice or training

### Section 6: 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. If there are special circumstances that make it impossible for you to comply with this requirement, contact the Board.

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.

### Applicants who are sitting the Australian Dental Council examination only

You do not need to provide the Board with the documents referred to in **sections 5 and 6** if you have already provided them to the ADC. If this is the case, please tick the box below:

- I confirm I have already provided the ADC with the documents listed under sections 5 and 6 above as part of my application for *Assessment of Professional Qualifications in Dentistry* and therefore have not attached them to this application. I understand that the Board may exchange information about me with the ADC to process this application.

### Section 7: Purpose and duration of specific registration

Purpose of the specific registration: [Please tick the relevant box]:

- To undertake the following supervised practice or training  
(Supporting evidence, such as evidence of enrolment, from the relevant institution **must** be attached)

.....  
[Write the name of the institution and program being undertaken]  
.....  
.....

**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)



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**OR**

- To undertake clinical training in preparation for the following examination

.....  
[Write the name of the examination e.g. Australian Dental Council examination]

.....  
[Write the name of the institution and program being undertaken]

(Supporting evidence, such as evidence of enrolment, from the relevant institution **must** be attached)

**OR**

- To sit the following clinical examination

.....  
[Write the name of the examination e.g. Australian Dental Council examination]

**Duration of the specific registration:** [Note: maximum period of specific registration is 12 months]

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

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

.....  
.....

**Section 8: 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)

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**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) my name has not been removed from any register or roll of dental care providers outside the State of Victoria for any reason connected with professional conduct;
- (f) I have never been refused registration or been found guilty by a court of a serious offence;
- (g) 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;
- (h) 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 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;
- (i) I undertake to practise only within the terms of my registration;
- (j) I am familiar with the Board's code of practice on Infection Control and I undertake to comply with it and with 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:**

If a document is in a language other than English a translation by an authorized translator must also be provided.

- completed application form
- one passport size coloured photograph endorsed with your usual signature
- certified copies of qualifications \*
- certified copies of evidence of identity e.g. passport, birth certificate, driver's licence & Visa (if relevant)
- certified copies of evidence (e.g. of enrolment) from the relevant institution *Applicants who are sitting the ADC examination do not need to provide this. The Board will receive the information from the ADC.*
- Certificate of Good Standing from any jurisdiction you are currently, or were last, registered in. \*  
This **MUST** be sent directly to the Board by the relevant authority

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- evidence of professional experience and positions held \*
- application fee (payable in Australian dollars. Note: this fee is non-refundable)
- any additional documentation in support of your application

*Note: **Applicants who are sitting the ADC examination** do not need to provide the documents marked with an asterisk (\*) if the documents have already been provided to the ADC.*

Office Use Only			
DateRecd...../...../.....	RegNo.....	PNo.....	DateReg...../...../.....
AmountPaid\$.....	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/> Receipt No.....
Identity Chck.....	Visa Type .....	BoardDate .....	...../...../.....
DocumentChck.....			
RegisterUpdated...../...../.....	CertifSent...../...../.....	Conditions.....	
ADC/RDHM.....	Approved...../...../.....		