

Registration Information for applicants seeking specific registration to practise in a special branch of dentistry

1. Who should complete this form?

Dentists whose primary qualification in dental care is **not** recognized by the Board as qualifying them for **general** registration but who have **specialist** qualifications that **are** recognized by the Board, can apply for specific registration to practise in a special branch of dentistry, using this form.

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 **DENTISTS** who have a primary dental qualification that **is not** recognized by the Board and a specialist qualification that **is** recognized, in one of the specialities listed below:

For **dento-maxillofacial radiology, endodontics, oral medicine, orthodontics, paediatric dentistry, periodontics, prosthodontics, public health dentistry (Community dentistry) and special needs dentistry** the qualifications are:

Australian trained graduates

A minimum three-year postgraduate specialist qualification appropriate to the specialty, accredited by the Australian Dental Council which generally includes clinical or surgical training approved by the peak body of the relevant specialty, or an equivalent combination of qualifications and experience

Graduates trained outside Australia

Certification by the Australian Dental Council as having equivalence to Australian specialist requirements.

For **oral and maxillofacial surgery** the qualifications are:

Australian and New Zealand trained graduates

Master of Dental Surgery/Bachelor of Medicine and Bachelor of Surgery (MDS/MBChB) University of Otago, New Zealand, or eligibility for the award of Fellowship of the Royal Australasian College of Dental Surgeons in oral and maxillofacial surgery (FRACDS(OMS)).

Graduates trained outside Australia and New Zealand

Certification by the Australian Dental Council as having equivalence to Australian or New Zealand specialist requirements.

For **oral pathology** the qualifications are:

Australian trained graduates

A minimum three-year postgraduate specialist qualification appropriate to the specialty, accredited by the Australian Dental Council and clinical or surgical training approved by the peak body of the relevant specialty, or an equivalent combination of qualifications and experience; and eligibility for the award of Fellowship of the Faculty of Oral Pathology of the Royal College of Pathologists of Australasia

Graduates trained outside Australia

Certification by the Australian Dental Council as having equivalence to Australian specialist requirements.

If the specialist qualifications are not automatically recognized by the Board they will need to be assessed by the Australian Dental Council (ADC). This will need to be done before the Board can make any decision about the application. There will be an additional fee payable to the ADC of **\$AUD200.00** for assessment of qualifications. The ADC may require additional information to undertake its assessment.

2.2 Evidence of Good Standing

If you *are currently registered* to practise as a dentist 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 as a dentist, a statement of your registration and good standing must be provided from the last authority with which you were registered.

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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 demonstrate adequate and recent practice in the speciality in which they are applying for registration. 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.

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>.

2.5 Condition on registration

Practitioners who are eligible for this type of specific registration will have the following condition on their registration: "Not registered to practise general dentistry". This condition will appear on the public register and on the certificate of registration. This condition describes the terms of the registration. You may only lawfully **practise within the speciality** in which (a) you have been formally educated (in a course approved by the Board for that purpose) and (b) you are competent.

2.6 Endorsement on registration

Practitioners will have the following endorsement on their registration:

"Dental specialist qualified to practise <type of speciality>"

e.g. "Dental specialist qualified to practise endodontics".

This endorsement will appear on the public register and on your certificate of registration.

2.7 Compliance with continuing professional development requirements

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

2.8 Duration of specific registration

Registration will be granted until the end of the calendar year in which the initial application is made and may be renewed before it expires. Your registration lapses on 31 December of each year, at which time you will need to renew it and pay the renewal fee. You will be sent a renewal application and you can renew your registration on-line (<http://www.dentprac.vic.gov.au/>) or by completing the renewal application and mailing it with your remittance to the above address. Even if you do not receive the renewal notice for some reason, there is a professional obligation on you to renew your registration by the due date.

2.9 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 contact or practice 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.

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

2.10 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;

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- “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.

2.11 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. Fee

The application fee of **\$AU627.00** 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.

Please note, if your qualifications need to be assessed by the Australian Dental Council there will be an additional fee of **\$AU200.00** (total payable \$AU827.00).

4. Where to lodge your application

Applications need to be lodged in person. Please telephone ☎ 03 9694 9900 to make an **appointment**. Office hours are 9am to 5pm, Monday to Friday (excluding public holidays). The Board’s address is Level 13, 114 Albert Road, South Melbourne.

5. Additional information

The Board’s policy on **P011 [2007]: Specific registration as a specialist under s7(1)(f) of the Act** provides more information about this type of registration and **P006 [2007]: Endorsement of registration for specialist practitioners** documents the requirements for specialist endorsement. All the Board’s policies and codes of practice are available on the Board’s website or by contacting the Board.

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. 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. 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.

Registration Information for applicants seeking specific registration to practise in a special branch of dentistry

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)

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 (if relevant)
- certified copy of evidence of employment as a specialist
- certified copy of the results of occupational English test
- documents required by the ADC [if qualifications need to be assessed]
- Statutory Declaration properly signed and witnessed
- 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
- 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 to practise in a special branch of dentistry

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: **Fax(optional):**
(You must provide a contact phone number)

Email address (optional):

Section 4: Practice address

The address that will be made available to the public is your practice address. If you have more than three addresses, provide the details on another sheet and attach to this application

Address 1:

.....
.....

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

Telephone: **Fax (optional):**

Address 2:

.....
.....

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

Telephone: **Fax (optional):**

Address 3:

.....
.....

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

Telephone: **Fax (optional):**

Application for specific registration to practise in a special branch of dentistry

Section 5: Qualifications & training

See Registration Information sheet for details of eligible qualifications. If you need to record any other qualifications list them on another sheet and attach to this application.

You must provide originals or **certified copies** of evidence of both your undergraduate and post-graduate qualifications in dentistry. If a document is in a language other than English a translation by an authorized translator must also be provided.

Undergraduate training:

Name of Course/Degree	Name of dental school & name of educational institution & country	Year awarded

What was the normal entry requirement for the course?

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

What was the length of time you took to complete the course?YearsMonths

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]

Postgraduate training:

Name of Course/degree/training	Name of dental school body & name of educational institution/peak body & country	Year awarded	Standard Abbreviation

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

Website: www.dentprac.vic.gov.au



Dental Practice Board
of Victoria

**Application for specific registration to practise in a special branch of dentistry
Specialist qualifications that are not automatically recognized**

If the qualifications are NOT automatically recognized you need to provide the following ADDITIONAL information which is required by the Australian Dental Council and will be passed on to them so that they can assess your application. You should note that failure to provide any of this information could cause a lengthy delay in the consideration of the application or result in the application being denied.

Please attach the following information to this application:

- Details of registration as a specialist in country where specialty was practised
- Specialist qualification(s) including certified copy of transcript of curriculum (both theoretical and clinical)
- Details of any supervised practice (including log books) carried out during post-graduate specialty training program. This should include total hours and types of treatment performed
- Nature of specialist practice (e.g. broad practice of specialty or practise of sub-specialty)
- Work history as a specialist
- Membership(s) of specialist societies
- Research activity (including list of publications)
- Teaching appointments (undergraduate, post-graduate, CPD)
- Two professional references from specialist colleagues and two from dentists who have referred patients to you

Section 6: Prior & recent practice

You need to demonstrate adequate and recent practice in the speciality in which you are applying for registration. The Board will decide each case on its own merits.

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.

6.1 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:

Address of practice:

Name of employer:

Description of your duties:

.....

6.2 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:

.....

Application for specific registration to practise in a special branch of dentistry

6.3 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 7: Overseas registration

A Certificate of Good Standing from any jurisdiction in which you are currently registered to practise as a dentist 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.

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** in English 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 8: English language

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:
[Day Month Year]

Application for specific registration to practise in a special branch of dentistry

City where test took place:

Results of test: Tick your results for each component.

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

Attach a certified copy of your test results.

Section 9: 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a physical or mental impairment which impairs your ability to practise dentistry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been found guilty by a court of a serious offence? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you at any time been deprived of any qualification by the body which granted the same? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had your name erased or removed from a register of dental health practitioners for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you subject to any current suspension of registration or any current condition, limitation or restriction of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you subject to a claim of damages or other compensation for alleged negligence in the provision of dental care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 10: 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
- 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

Dental Practice Board of Victoria

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- 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
- 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)

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 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 to practise only within the speciality in which I am trained and competent and 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 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 the following:

- all 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
- completed application form
- one passport size coloured photograph endorsed with your usual signature

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- 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 employment as a specialist
- certified copy of the results of your occupational English test
- documents required by the ADC [if qualifications need to be assessed]
- Statutory Declaration properly signed and witnessed
- Evidence of Good Standing from any jurisdiction you are currently, or were last, registered in **sent directly to Board**
- application fee (payable in Australian dollars. Note: this fee is non-refundable)

OfficeUse:					
DateRecd...../...../.....	RegNo.....	Approved...../...../.....			
AmountPaid\$.....	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/>	Receipt No.....	
Condition.....					
Chcks.....	RegUpdated...../...../.....	CertSent...../...../.....			