

## Registration Information for applicants for general registration

### 1. Who should complete this form?

Dentists, dental prosthetists, dental therapists and dental hygienists whose primary qualification is recognized by the Board (see below for recognized qualifications) can apply for **GENERAL REGISTRATION** using this form.

Do **NOT** complete this form if:

- you are already registered in another State or Territory of Australia or in New Zealand, use the Application form for Registration under Mutual Recognition Law

### 2. What you must provide for your application to be considered

- completed application form
- one passport size coloured photograph
- evidence of qualifications and training
- evidence of identity e.g. passport, birth certificate, driver's licence & Visa (if relevant)
- current Letter of Good Standing (if you are registered in an overseas country, see Section 6 of the Application form); Letter must be no more than 3 months old
- 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 (see below for list of persons who can sign statutory declarations).

### 3. 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.

Note: if you currently have non-practising registration in Victoria and are now applying to resume practice you can post your application to the Board at the address listed above.

### 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.

#### 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.

### 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.

## Registration Information for applicants for general registration

### 6. Recognized qualifications for general registration

The following qualifications are currently recognized for general 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> <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>

## Registration Information for applicants for general registration

### 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].

### **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)

### **8. 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>

*Note:* for practitioners registering as both a dental hygienist and a dental therapist, the fee for the **second** registration is **\$60** (i.e. total of \$240.00)

Note: if you currently have non-practising registration and are now applying to resume practice you do not need to pay the fee.

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## Registration Information for applicants for general registration

### 9. 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 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/>

### 10. Annual renewal of registration

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 Board. 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.

### 11. 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.

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

For Office Use Only

## Application for General Registration

### 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 you are providing does not fit in the space provided, please attach additional sheets.
- 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.

**NOTE:** If you are **currently registered in another State or Territory of Australia** or in **New Zealand**, do **NOT** complete this form. Complete the Application for Registration under **Mutual Recognition Law Form**

.....  
Applicant's signature

Signed in presence of:  
.....

### Section 1: Previous registration

Are you currently or have you ever been registered in Victoria?

Yes

If **YES**, what type of registration?

Non-practising

Specific

Student

What is your registration number: .....

When were you last registered?: .....

No

### Section 2: Division of registration

Indicate which division(s) you are currently registered in or are seeking registration in

Dentist

Dental Prosthetist

Dental Hygienist

Dental Therapist

### Section 3: 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:**.....

**Languages Spoken (other than English):** .....

[You do not need to provide this information, but if you do it will be made available on the public register]

## Application for General Registration

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]

## Section 4: Contact information

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 5: Practice address

Your practice address(es) 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. If you need to record more than three addresses attach a separate sheet.

Address 1: .....

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

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

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

Address 2: .....

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

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

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

Address 3: .....

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

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

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

## Application for General Registration

### Section 6: Recent practice

If you have not practised for **more than 2 years** you must provide details of the training you have undertaken or that you propose to undertake and details of any other matter that you believe would assist the Board to evaluate your competence to practise. [Attach additional sheets if necessary].

6.1 Have you practised as a dental health practitioner in the **last 2 years**?  Yes  No

If you answered **YES**

6.2 What kind of dental health practitioner did you practise as?

.....

6.3 Where did you do this work?

.....

.....

If you answered **NO** (i.e. you have *not* practised for more than 2 years) you need to answer questions 6.4 to 6.7 below

6.4 When did you last practise? Date:...../...../.....  
 [Day Month Year]

6.5 What kind of dental health practitioner did you practise as?

.....

6.6 Where did you do this work?

.....

.....

6.7 What training have you undertaken or do you propose to undertake to ensure you are competent to practise dentistry? [Attach evidence of successful completion of the training]

Name of training course	Educational Organization & Country	Date completed/ Expected completion date

## Application for General Registration

### Section 7: Registration in other jurisdictions

Are you currently registered in another state or territory of Australia (other than Victoria) or in New Zealand?

Yes  No

If you answered **YES**, do **not complete this form**, you need to apply under mutual recognition law.

Are you currently registered in a country **other than** Australia or New Zealand?  Yes  No

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

Name of Registering body: .....

Name of Country: .....

Registration Number: .....

Attach a current Letter of Good Standing from the registering body. The Letter of Good Standing must be **no more than 3 months old**.

### Section 8: Qualifications

You must provide **certified copies** of evidence of your qualifications.

NOTE: if you currently have non-practising registration and are now applying to resume practice and the Board already has evidence of your qualifications on file, you do not need to provide the evidence again.

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

## Application for General Registration

### 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 section 6 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<br>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
- 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)

**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



**Application for General Registration**

**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
- evidence of identity e.g. passport, birth certificate, driver's licence & Visa (if relevant) (certified photocopy)
- evidence of qualifications and additional training (certified photocopy)
- current Letter of Good Standing (no more than 3 months old) if you are registered in an overseas country, see Section 7 of the Application form
- application fee (payable in Australian dollars. Note: fee is non-refundable)
- any additional documentation in support of your application

**Note:** all documents must be originals or **photocopies certified** as true copies by an authorized person

OfficeUseOnly			
DateRecd...../...../.....	RegNo.....	DateReg...../...../.....	
AmountPaid\$.....	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/> Receipt No.....
RegisterUpdated...../...../.....	CertifSent...../...../.....	Sigchked.....	
Conditions.....	ISBoardsChck.....	Approved...../...../.....	