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## Application for Certificate of Good Standing

**Instructions for completing this form** The information on this form is being collected as prescribed by the *Health Professions Registration Act 2005* and associated Regulations to assist the Board in carrying out its statutory functions. See the Board's Privacy Policy, which is available on our website, for further details.

- Use BLOCK Letters and Black or Blue ink and ✓ appropriate boxes.
- Complete all sections of the form.
- **Post the completed application form with your payment of \$AU50 to the postal address listed above.**

### Section 1: Current registration details

Dentist       Dental Prosthetist       Dental Hygienist       Dental Therapist

Endorsed as a  Dental Specialist

Family Name: .....

Given Name(s): .....

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

### Section 2: Certificate to be sent to

Record here the details of where the certificate is to be sent [this is usually another Board in Australia or New Zealand].

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

### Section 3: To be signed by practitioner

Cheques should be made payable to: Dental Practice Board of Victoria.

Payment by:       cheque       money order       cash [only if application is lodged in person]

in the amount of (AUD) **\$50.00** is enclosed

Signature: .....

Date: .....

Office Use Only	
Recd ...../...../.....	Amount Paid \$..... <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Cash
Receipt No.....	Sent ...../...../.....