

Registration Information for applicants under mutual recognition law

1. Who should complete this form?

Dentists, dental prosthetists, dental therapists and dental hygienists who are **already registered in another state or Territory of Australia or in New Zealand** should apply for registration under the terms of **MUTUAL RECOGNITION** laws using this form.

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

- completed application form
- one passport size coloured photograph endorsed with your usual signature
- evidence of additional training [see section 6 of the form]
- evidence of identity e.g. passport, birth certificate, driver's licence
- 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 those who can witness a statutory declaration).

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

In most cases your application, if it is complete, can be approved after minimal checking with the other registration authorities. If your application is approved you will receive a Certificate of Registration. If the Board is proposing to refuse your application or impose conditions on your registration you will be notified and have the opportunity to make submissions to the Board about the proposal. If you have not heard from the Board within one month of the application being received by the Board you will be deemed to be registered in Victoria.

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.

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6. 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)

7. 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 (payable in Australian dollars)</u>
Dentist	\$478.00
Dental Specialist *	\$626.00
Dental Prosthetist	\$341.00
Dental Hygienist	\$180.00
Dental Therapist	\$180.00

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: under Victorian law there is not a separate division of the register for specialists, but dentists who are suitably qualified may have their registration endorsed for specialist practice

8. Updating your details

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/>

9. 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.

10. Privacy statement

The Dental Practice Board of Victoria is committed to handling personal information in a responsible manner,

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

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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 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

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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):

Section 6: Previous registration in Victoria and recent practice

Have you ever been registered in Victoria?

Yes No

If **YES**

What was your registration number:

When were you last registered?:

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

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1. Jurisdiction in which you are registered:

.....
 [Specify the Australian State or Territory or New Zealand]

Name of Registering body:

Registration Number:

2. Jurisdiction in which you are registered:

.....
 [Specify the Australian State or Territory or New Zealand]

Name of Registering body:

Registration Number:

3. Jurisdiction in which you are registered:

.....
 [Specify the Australian State or Territory or New Zealand]

Name of Registering body:

Registration Number:

Section 8: Conditions on registration

Are there any special conditions to which you are subject in carrying out dental care in the jurisdiction or jurisdictions in which you are currently registered? Yes No

If you answered **YES** please provide details

.....

Section 9: Qualifications

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

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

Section 10: 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
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 11: 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 fellow of the Institute of Legal Executives (Victoria)
- 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 member or a former member of either House of the Parliament of the Commonwealth

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



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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) 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 (certified photocopy)
- evidence of additional training (certified photocopy)
- 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 Money Order Cash Receipt No.....

RegisterUpdated...../...../..... CertifSent...../...../..... Sigchked.....

Conditions..... ISBoardsChk

Approved...../...../.....