

## Registration Information for applicants seeking specific registration under the Public Sector Dental Workforce Scheme

### 1. Who should complete this form?

Dentists whose primary qualification in dental care is **not** recognized by the Board and who are to be employed as part of the **Public Sector Dental Workforce Scheme**, should apply for specific registration 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 Supervised employment in the public sector

Applicants must provide details of their employment arrangements, including a statement from the employer documenting:

- where they will be practising
- the period of employment
- who will supervise their work
- duties and scope of practice

The supervision arrangement must have the following characteristics:

- supervision is carried out on-site
- the supervisor is a registered dentist with at least 5 years experience
- the supervisor will report to the employer and the Board if there is concern about the standard of dental care provided by the dentist being supervised
- the employer provides each supervisor with prior training and a clear definition of the supervisory role
- the employer advises the Board if for any reason the supervision arrangement breaks down.

#### 2.2 Qualifications & training

Registration under this section of the Act is only available to **DENTISTS** who have a primary dental qualification from one of the **Dental Undergraduate Programs** accredited by the Australian Dental Council listed below.

[Note: the following list is taken from Australian Dental Council's (ADC's) website: <http://www.dentalcouncil.net.au/publicsector.html> and was current as at March 2007. This list may be amended by the ADC from time to time. Applicants can check with the ADC for the most up to date listing].

##### Canada

- Dalhousie University
- University of Alberta
- University of Montreal
- University of Western Ontario
- Laval University
- University of British Columbia
- University of Saskatchewan
- McGill University
- University of Manitoba
- University of Toronto

##### Hong Kong

- University of Hong Kong

##### Ireland

- National University of Ireland
- University of Dublin

##### Malaysia

- National university of Malaysia
- University of Malaya

##### Singapore

- National University of Singapore

##### South Africa

- Medical University of Southern Africa (Medunsa)
- University of Stellenbosch
- University of Western Cape
- University of Witwatersrand
- University of Pretoria

##### United Kingdom

- University of Belfast
- University of Dundee
- University of Glasgow
- University of London
- University of Birmingham
- University of Durham
- University of Leeds
- University of Manchester
- University of Bristol
- University of Edinburgh
- University of Liverpool
- University of Newcastle-Upon-Tyne

## Registration Information for applicants seeking specific registration under the Public Sector Dental Workforce Scheme

- University of St Andrews
- University of Sheffield
- University of Wales

The Universities of Durham, Edinburgh and St Andrews no longer have undergraduate dental schools. The University of Wales College of Medicine and Cardiff University merged in 2004 under the title Cardiff University.

Overseas Registration Examination (ORE) (conducted by the General Dental Council, UK)

### United States

- University of Alabama
- A.T.Still University of Health Sciences, Arizona
- Loma Linda University
- University of California at Los Angeles
- University of Southern California
- University of California at San Francisco
- University of the Pacific
- University of Colorado
- University of Connecticut
- Howard University of Dentistry
- Nova Southeastern University
- University of Florida
- Medical College of Georgia
- University of Iowa
- Southern Illinois University
- University of Illinois at Chicago
- Indiana University
- University of Kentucky
- University of Louisville
- Louisiana State University
- Boston University
- Harvard University
- Tufts University
- University of Maryland Baltimore
- University of Michigan
- University of Detroit
- University of Minnesota
- University of Missouri-Kansas City
- University of Mississippi
- University of North Carolina
- University of Nebraska
- Creighton University
- University of Medicine and Dentistry New Jersey
- University of Nevada, Las Vegas
- State University of New York at Buffalo
- Columbia University
- New York University
- State University of New York at Stony Brook
- Case Western Reserve University
- Ohio State University
- University of Oklahoma
- Oregon Health and Science University
- Temple University
- University of Pennsylvania
- University of Pittsburgh
- University of Puerto Rico
- Medical University of South Carolina
- University of Tennessee
- Meharry Medical College School of Dentistry
- Baylor College of Dentistry Component of Texas
- University of Texas Health Science – Houston
- University of Texas Health Science – San Antonio
- Virginia Commonwealth University
- University of Washington
- Marquette University
- West Virginia University

### 2.3 Evidence of Good Standing

The Board must receive a Certificate of Good Standing from any jurisdiction in which you are currently registered to practise as a dentist. If you are not currently registered, a statement of your registration and good standing must be provided from the last authority with which you were registered. Such certificates or statements must come **directly** to the Board from the relevant jurisdiction otherwise they will not be accepted.

### 2.4 Prior & recent practice

Applicants need to show they have had adequate and recent practice as a dentist. It is envisaged this will be approximately 2 years experience within the last 4 years, but it will be determined on a case by case basis.

### 2.5 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>.

*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.*

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### 2.6 Australian Dental Council Examination

If granted registration you must enrol with the ADC to sit its examination for the award of the ADC Certificate, within 18 months of initially being granted registration and must undertake that examination within 3 years of initial registration. Registrants participating in this type of public sector employment will be exempted from the ADC's preliminary examination, but must undertake the other requirements set by the ADC.

### 2.7 Terms of specific registration

The details of the terms of the registration (including its purpose, duration, locations and any other limitations on practice) will be placed on your registration record. You are only permitted to practise dentistry within those terms.

### 2.8 Compliance with continuing professional development requirements

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

### 2.9 Duration of specific registration

Registration is granted initially for one year and up to a maximum of three years. You must apply for re-registration each year **prior to its expiration**. The application must be accompanied by evidence from the employer of the terms and supervision arrangements of the on-going employment. Registration may be renewed twice i.e. you may be registered for up to a maximum of three years.

### 2.10 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 address details. You must also advise the Board of any change in your employment, type of practice or supervision arrangements. 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.

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/>

### 2.11 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.

An undertaking that you accept these conditions forms part of this application.

### 2.12 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.

## Registration Information for applicants seeking specific registration under the Public Sector Dental Workforce Scheme

### 3. Fee

The application fee of **\$AU478.00** 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.

### 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 P009 [2007]: **Specific registration under the Public Sector Dental Workforce Scheme** provides more information about this type of registration. 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](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, the Australian Dental Council 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 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. If your application is successful, the Board will provide your details to the Australian Dental Council so that they can administer their examination in accordance with the Board's policy.

### 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

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## Registration Information for applicants seeking specific registration under the Public Sector Dental Workforce Scheme

- certified copy of qualifications
- certified copy of evidence of identity e.g. passport, birth certificate, driver's licence
- certified copy of evidence of employment in the Public Sector Dental Workforce Scheme
- certified copy of evidence of previous employment as a dentist
- certified copy of the results of occupational English test
- Statutory Declaration properly signed and witnessed
- application fee (payable in Australian dollars. Note: this fee is non-refundable)
- 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
- 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**

**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)

For Office Use Only

## Application for Specific Registration under the Public Sector Dental Workforce Scheme

### 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 registration to be processed.

.....  
Applicant's signature

Signed in presence of:  
.....

### Section 1: 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. Provide documentary evidence of change of name, if applicable]

**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]

**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 2: 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):** .....



## Application for Specific Registration under the Public Sector Dental Workforce Scheme

Job title: .....

Address of practice: .....

Name of employer: .....

Description of your duties: .....

.....

.....

5.3 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 6: 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** 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.



## Application for Specific Registration under the Public Sector Dental Workforce Scheme

**8.5 What is the scope of your practice of dental care during the period of specific registration?** Provide details of your specific duties

.....

.....

.....

**8.6 Who will be your on-site supervisor?** The supervisor must be a dentist with registration in Victoria and at least 5 years experience. Provide the details of the supervisor below. If there is more than one supervisor, provide details on a separate sheet. The supervisor needs to agree to the arrangement and sign this application form.

**Supervisor's Full Name:** .....

**Supervisor's Registration No:** .....

**Date supervisor first registered in Victoria:** .....  
 [Day Month Year]

**Contact telephone:** .....

**Contact email:** .....

**Supervisor's signature:** .....

### 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<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:

**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)



**Application for Specific Registration under the Public Sector Dental Workforce Scheme**

- 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
- 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
- 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 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)

**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 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 enrol in the ADC examination within 18 months of initial registration and to undertake the clinical examination within 3 years of initial 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 Dental Practice Board of Victoria, 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: .....

**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)



**Application for Specific Registration under the Public Sector Dental Workforce Scheme**

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
- certified copy of qualifications
- certified copy of evidence of identity e.g. passport, birth certificate, driver's licence
- certified copy of evidence of employment in Public Sector Dental Workforce Scheme
- certified copy of evidence of previous employment as a dentist
- certified copy of the results of your occupational English test
- 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  Money Order  Cash  Receipt No.....

Condition.....

Chcks..... RegUpdated...../...../.....

CertSent...../...../..... EmpNotified: ...../...../..... ADCNotified...../...../.....