

**ASSESSMENT OF ELIGIBILITY FOR ENROLMENT IN THE  
NEW ZEALAND DENTAL REGISTRATION EXAMINATION:  
WRITTEN EXAMINATION**

**Attach** 1 certified passport photo here.

- This form is to be used by candidates applying to enrol in the New Zealand Dental Registration Examination.
- Please print all answers clearly.
- Please submit **all** supporting documents with your application. All certification must only be done by a person, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding.
- Incomplete applications will **not** be accepted and will be returned.

**SECTION A (TO BE COMPLETED BY ALL APPLICANTS)**

**Name**

Given names

Family name

Other names

Title

If names differ from those on your dental qualification, please tick box to show reason, and **attach** certified evidence.

Marriage       Deed Poll       Common Use       Other (explain)

**Identification**

Gender (please tick)

Male

Female

Date of birth (day, month, year)

Birthplace (including country)

Please **attach** certified copies of the identification pages of your passport to confirm your identity. **Please note** that all documentation where identification verification is required should be **certified by the same person**, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding; which include your passport photo, copies of your identification pages, verification of identity section of this form (p7) and the statutory declaration section of this form (p8).

**Examination details<sup>1</sup>**

Please indicate for which specific examination you are applying:

New Zealand Dentist Registration Examination (NZDREX)

New Zealand Dental Hygiene Registration Examination (NZDHREX)

New Zealand Dental Specialist Registration Examinations (NZDSREX)

New Zealand Dental Therapy Registration Examinations (NZDTREX)

Specify specialty in which you are seeking the examination:

New Zealand Dental Technology Registration Examinations (NZDTechREX)

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<sup>1</sup> Refer to our website, [www.dcnz.org.nz](http://www.dcnz.org.nz), for the details associated with each of the examinations, including the various components to each examination

Previous Examination Applications	
Have you previously attempted the written examination in New Zealand or the Australian preliminary examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your candidate number	
If yes, please <b>attach</b> copies of your previous examination results' notices	
I consent for the Dental Council to seek information held by the Australian Dental Council on my examination attempts (please tick) <input checked="" type="checkbox"/> Yes	

Contact Details	
Postal address	Alternative contact address
Phone	Phone
Fax	Fax
Email	Email

Current and Past Registrations		
<p>To be eligible to enrol in the written examination you must be registered as an oral health professional and provide a certified copy of the registration certificate, including Certificates of Good Standing from relevant Boards/Council's where your registration is, or has been held in the last <u>seven years</u>. Certificates of Good Standing must be no more than <u>three months</u> old.</p> <p>Please provide details of your current and past dental registrations and <b>attach</b>:</p> <ul style="list-style-type: none"> <li>a certified copy of your registration certificate</li> <li><b>original</b> Certificates of Good Standing from relevant Boards/Council's where registration is, or has been held in the last <u>seven years</u>.</li> </ul>		
Country/state	Date registered	Registration status (including branch of dentistry registered in)
If you are already registered with the Dental Council (in New Zealand), please provide your registration number:		

Current Employment		
Please provide details of your current employment including job title, employer and start date		
Job title	Employer	Start date

### Competence in English

To be eligible to enrol in the written examination you must demonstrate the ability to communicate and comprehend English to a level sufficient to protect the health and safety of the public. You are deemed to have satisfied this requirement if you have passed a Dental Council approved English Test to the required level. Please refer to the Dental Council's *Policy on English Competence and English Tests*.

The Dental Council approved English Language tests and required pass rates in these tests are:

#### International English Language Testing (IELTS):

Applicants are required to:

- a) sit the academic band; and
- b) gain an average score of 7.5 or more; and
- c) score at least 7 in each band of the four individual components of listening, reading, writing and speaking.

#### Occupational English Test (OET):

Applicants are required to:

- a) gain a pass with A or B grades in each of the four components

Results from the above mentioned language examinations must be obtained in one sitting. A pass in a Dental Council approved English test is valid for two years for new applications or three years for those repeat registration examination candidates who can demonstrate, if required, that they have continuously lived and worked in a country where English is the first language.

Have you completed a Dental Council approved English Language test?

- Yes       No

If yes, please **attach** a certified copy of your test results.

### Fitness to Practise

Answer **ALL** of these questions by ticking either "Yes" or "No". If you answer "Yes" please attach details

#### Have you been subject to whether in New Zealand or overseas:

- a) Any investigations or proceedings, relating to any matter that may be the subject of professional disciplinary proceedings. If yes, please provide evidence relating to the investigations or proceedings?  Yes     No
- b) A formal competence inquiry or a restriction or withdrawal of your credentials based on your clinical performance?  Yes     No
- c) Any adverse finding (such as employment or registration being suspended or terminated) in any disciplinary action?  Yes     No
- d) A police investigation and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of 3 months or longer by any court (including traffic offences involving alcohol and/or drugs)? If yes, please provide evidence relating to the investigations or proceedings?  Yes     No
- e) Any addictive, mental or physical condition including Transmissible Major Viral Infections with the potential to affect your fitness to practice in the scopes of practise in which you are registered? If yes, please enclose a report from your Doctor or Specialist updating the Council of your condition.  Yes     No

**SECTION B (TO BE COMPLETED BY FIRST TIME APPLICANTS ONLY)****Dental Qualifications**

To be eligible to enrol in the written examination you must have completed an appropriate dental qualification (both undergraduate and postgraduate programmes) at a recognised tertiary academic institution. Please provide details of your dental qualifications and **attach**:

- an official list of the papers you have passed from the awarding institution. This list should include the title of each paper, the year in which each paper was completed and the grade obtained for each paper. Some academic institutions call this an academic transcript, statement of marks or record of study;
- a certified copy of an internship certificate, where applicable; and
- certified copies of relevant degrees, diplomas and other qualifications (note: If your certificates are not written in English please also include an official English translation of your certificates).

Name of qualification (and abbreviation)	Awarding university or college	Year awarded	Duration of programme	Full or part time	Dates attended

**Practice Experience - Specialists Candidates Only:**

Please **include a copy of your Curriculum Vitae** with your application, ensuring that this document provides full details of:

- your relevant work experience and current employment with specific details on the areas of the specialty you practised in over the past three years ; and
- the extent of your clinical experience in the range of tasks delineated in the specialist dental scope of practice; and
- the CPD you have undertaken in the past three years, in particular CPD relevant to the specialist scope of practice; and
- published articles or research.

## CHECKLIST OF SUPPORTING DOCUMENTS REQUIRED

### Applicable to **first time** applicants:

- Certified copies of the identification pages of your passport
- Certified copy of your registration certificate (must be current)
- Original Certificates of Good Standing from relevant Boards/Council's (not older than 3 months)
- Certified copy of your English Language test results (not older than 2 years)
- Official academic institution copy of your complete academic transcript, statement of marks or record of study
- Certified copies of relevant degrees, diplomas and other qualifications (official English translation where applicable).

### Applicable to **repeat** applicants:

- Certified copies of the identification pages of your passport
- Copies of any previous examination results (NZ or Australia)
- Certified copy of your registration certificate (if previously submitted copy has expired)
- Original Certificates of Good Standing from relevant Boards/Council's (if previously submitted copy is older than 3 months )
- Certified copy of your English Language test results (if previously submitted copy has expired)

### Documentation only required **where applicable**:

- Evidence for name difference between qualification(s) and current identification document
- Details of any mental or physical conditions
- Certified copy of any conviction history
- Full details of any investigation regarding professional disciplinary proceeding
- Specialists only - Curriculum Vitae with specified detail as requested in Practice Experience section.
- Internship certificate

*Please refer to the relevant sections on the application form for full details on the specific requirements of the supporting documentation*

**Payment (please sign below)**

- Cheque (must be payable to the Dental Council and must be drawn on a New Zealand trading bank)  
 Credit card (provide details below)

Type of Card	<b>VISA / MASTERCARD (ONLY)</b>																									
Name on Card																										
Expiry date																										
Card number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
<b>Amount</b>																										
<b>Amount NZ\$</b>	New Zealand Dentists Registration Examination (NZDREX)	<b>NZ\$ 531.55</b>																								
	New Zealand Dental Hygiene Registration Examination (NZDHREX) (the fee will reduce to \$2,006.00 (before/on 30 September 2010) or to 2,050.58 (1 October 2010 onwards) where there are a total of 5 or more applicants enrolled for the written examination. Enrolled applicants will be refunded the difference after the registration closing date if 5 or more applicants enrolled)	<b>NZ\$ 2,723.20</b>																								
	New Zealand Dental Therapy Registration Examinations (NZDTREX) (the fee will reduce to \$2,006.00 (before/on 30 September 2010) or to 2,050.58 (1 October 2010 onwards) where there are a total of 5 or more applicants enrolled for the written examination. Enrolled applicants will be refunded the difference after the registration closing date if 5 or more applicants enrolled)	<b>NZ\$ 2,723.20</b>																								
	New Zealand Dental Technician Registration Examination (NZDTechREX) - Combined Examination (the fee will reduce to \$2,304.89 where there are a total of 5 or more applicants enrolled for the examination. Enrolled applicants will be refunded the difference after the registration closing date if 5 or more applicants enrolled)	<b>NZ\$ 2,876.53</b>																								
	New Zealand Dental Specialist Registration Examination	<b>NZ\$ 15,387.87</b>																								
<b>Signature</b>																										

### Verification of Identity

Any person authorised by the law of your country of residence to administer an oath there for the purpose of a judicial proceeding to complete the following:

**I certify that I have compared the attached one recent passport sized photograph and the photograph in**

Passport No \_\_\_\_\_ Issued by \_\_\_\_\_

with the applicant before me and that in my opinion they are a true and faithful likeness and I am satisfied that the applicant before me is the person to whom the identification relates. I have certified the copies of the applicant's documentation as true copies of the original documents sighted and have certified the attached photograph as a true and faithful likeness of the person before me. I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Please note** that all documentation where identification verification is required should be **certified by the same person**, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding; which include your passport photo, copies of your identification pages, verification of identity section of this form (p7) and the statutory declaration section of this form (p8).

**Statutory Declaration**

*Jurat Stamp*

**I SOLEMNLY AND SINCERELY DECLARE** that I am the person named in the attached documents, and that the information I have provided in this application form is true and correct.

I understand that the information that I have provided is to be used by the Dental Council and its agents for the purposes of considering my application and may be disclosed to agents of the Council for these purposes.

I understand that the Council is authorised to obtain further information from me or any person or organisation concerning this application under the Health Practitioners Competence Assurance Act 2003 and consent to the collection of such information by the Council or its agents. I further understand that although the provision of any information by me is voluntary, if I refuse to provide any information this may affect the Council's consideration of my application.

I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request correction of any information which is not correct.

I understand that registration with the Dental Council is necessary before I am permitted to practise as an oral health professional in New Zealand.

**I understand that under the Health Practitioners Competence Assurance Act 2003, my registration may be cancelled if I make a false or misleading representation or declaration (whether oral or written). Other penalties may also apply if I make a false declaration.**

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Applicant's signature \_\_\_\_\_ Date

**Declared at** \_\_\_\_\_ **on this** \_\_\_\_\_ **day of** \_\_\_\_\_ **201\_**\_\_\_\_\_

In the presence of

\_\_\_\_\_

\_\_\_\_\_

Title

**Please note** that all documentation where identification verification is required should be **certified by the same person**, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding; which include your passport photo, copies of your identification pages, verification of identity section of this form (p7) and the statutory declaration section of this form (p8).

**PLEASE REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM AND  
ALL ACCOMPANYING DOCUMENTS**