

## ASSESSMENT OF ELIGIBILITY FOR REGISTRATION IN NEW ZEALAND FOR HOLDERS OF PRESCRIBED OVERSEAS QUALIFICATIONS

Attach 1 certified  
passport photo here.

- This application is to be used by holders of prescribed overseas qualifications who are seeking eligibility to apply for registration in New Zealand.
- Please print all answers clearly.
- Please submit **all** supporting documents with your application. Incomplete applications will be returned.

<b>Name</b>	
Given names	Family name
Other names	
If names differ from those on your dental qualification, please tick box to show reason, and <b>attach</b> evidence.	
<input type="checkbox"/> Marriage <input type="checkbox"/> Deed Poll <input type="checkbox"/> Common Use <input type="checkbox"/> Other (explain)	

<b>Scopes of Practice</b>													
Please select the scope of practice and any additional scopes of practice which you are seeking registration in.													
<input type="checkbox"/> <b>General Dental</b>													
<input type="checkbox"/> <b>Dental Specialist</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Endodontics</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Oral and Maxillofacial Surgery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Oral Medicine</td> <td style="border: none;"><input type="checkbox"/> Oral Pathology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Oral Surgery</td> <td style="border: none;"><input type="checkbox"/> Orthodontic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Paediatric Dentistry</td> <td style="border: none;"><input type="checkbox"/> Periodontic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Prosthodontic</td> <td style="border: none;"><input type="checkbox"/> Public Health Dentistry</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Restorative</td> <td style="border: none;"><input type="checkbox"/> Special Needs Dentistry</td> </tr> </table>		<input type="checkbox"/> Endodontics	<input type="checkbox"/> Oral and Maxillofacial Surgery	<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Oral Pathology	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Paediatric Dentistry	<input type="checkbox"/> Periodontic	<input type="checkbox"/> Prosthodontic	<input type="checkbox"/> Public Health Dentistry	<input type="checkbox"/> Restorative	<input type="checkbox"/> Special Needs Dentistry
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<input type="checkbox"/> <b>Dental Hygiene</b> <sup>1</sup>													
<input type="checkbox"/> <b>Orthodontic Auxiliary</b>													
<input type="checkbox"/> <b>Dental Therapy</b> <sup>2</sup> <table style="width: 100%; border: none;"> <tr> <td style="width: 100%; border: none;"><input type="checkbox"/> Adult Care</td> </tr> </table>		<input type="checkbox"/> Adult Care											
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<sup>1</sup>Your qualification could result in registration in the Dental Hygiene Scope of Practice with exclusions being placed on your scope of practice for activities associated with Intra-oral Radiography, Extra-oral Radiography, Local Anaesthetic and Orthodontic procedures; as described in the Scope of Practice. Should any of these exclusions be placed on your registration and you wish to apply to remove an exclusion, you will have to complete the form *Application to remove an exclusion placed on your Scope of Practice (REG004)*.

<sup>2</sup>Your qualification could result in registration in the Dental Therapy Scope of Practice with exclusions being placed on your scope of practice for activities associated with Radiography, Diagnostic Radiography, Stainless Steel Crowns and Pulpotomies procedures; as described in the Scope of Practice. Should any of these exclusions be placed on your registration and you wish to apply to remove an exclusion, you will have to complete the form *Application to remove an exclusion placed on your Scope of Practice (REG004)*.

**Contact Details**

You are required by law to advise the Council of your postal, residential and if applicable, your practice address. All written communications will be sent to your postal address.

Postal address	Residential address (if different from your postal address)	New Zealand practice address (if known)
Phone	Phone	Phone
Mobile	Mobile	Mobile
Fax	Fax	Fax
Email	Email	Email

**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).

**Previous Registration Applications**

Have you previously applied for registration with the Dental Council or to sit any part of the New Zealand Dental Registration Examination?

Yes                       No

If yes, please provide your registration/application/candidate number (if known)

**First Dental Qualification**

Please provide details of your primary dental qualification upon which you are basing your registration application and **attach** a certified copy of your diploma or degree certificate. If the certificate is not in English, you must provide a full translation. The translation must be prepared and certified by an official translation service.

Country of qualification	Issuing authority	Name of qualification	Year awarded	Duration of programme	Full or part time	Dates attended

**Post-graduate Qualifications**

Please provide details of your post-graduate qualifications upon which you are basing your registration application (if applicable) and **attach** a certified copy of your diploma or degree certificate. If the certificate is not in English, you must provide a full translation. The translation must be prepared and certified by an official translation service.

Country of qualification	Issuing authority	Name of qualification	Year awarded	Duration of programme	Full or part time	Dates attended

**Licensing Examinations**

Please provide details of any relevant licensing or registration examinations you have sat (including the New Zealand Dental Registration Examinations). Please attach a certified copy of your national and/or state license.

Country	Examination	Exam Date	Result

**Current and Past Registrations**

Please provide details of your current and past dental registrations (including specialist registrations) in other countries and **attach**:

- a certified copy of your registration certificate(s)
- **original** Certificates of Good Standing (no older than three months) from relevant Boards/Council's where registration is, or has been held in the last seven years.

Country/state	Date registered	Registration status (including branch of dentistry registered in)

### Training/Continuing Professional Development Activities

In determining whether you are competent to practise in New Zealand, the Dental Council will consider amongst other things, the extent and recency of your practise and whether or not you have completed appropriate continuing professional development (CPD) over the last three years. Under sections 27 and 29 of the Act a practising certificate cannot be issued to a practitioner who had not held one in the past three years unless the Council is satisfied that the applicant meets the required standard of competence. In the sections below, please provide details of post-graduate dental training and CPD activities, which you have completed and are relevant to the scope(s) of practice you are applying for.

Name of course	Course provider	Date

### Practice Experience

Please **attach** a copy of your Curriculum Vitae with your application, ensuring that it provides full details of:

- your relevant work experience and current employment;
- the extent of your clinical experience in the range of tasks delineated in the general scope of practice in which you are seeking registration; and
- the CPD you have undertaken in the past three years.

Please provide details of your post-graduate dental work experience (full/part time).

Details	Location	Date

### Professional Referees

You must arrange for three **professional** references (with at least one referee being your current or most recent employer or clinical supervisor from the last location you worked at as an oral health professional) to be forwarded **directly from the referee** to the Dental Council. The reference must be completed using the Dental Council standard referee report form which can be downloaded at:

[http://www.dcnz.org.nz/Documents/Forms/R001\\_RefereeReport.pdf](http://www.dcnz.org.nz/Documents/Forms/R001_RefereeReport.pdf)

Please note the Dental Council will not accept references that have been completed by family members or personal acquaintances.

Name	Employer/Clinical Supervisor
Name	Relationship to applicant
Name	Relationship to applicant

### Competence in English

The Dental Council considers that effective English and communication skills are a pre-requisite to practising as an oral health practitioner in New Zealand. Without the necessary communication skills the informed consent and active participation of the patient may be jeopardised. You are required to demonstrate that you can comprehend and communication in English to an acceptable standard. If English is not your first language; and you haven't completed your undergraduate dental training in New Zealand, Australia, United Kingdom, USA, Eire or Canada where English is the sole language of instruction and assessment, you must sit and pass a Council-approved language competency test. The Council's English language policy [http://www.dcnz.org.nz/Documents/Policy/DCNZPolicy\\_EnglishCompetence.pdf](http://www.dcnz.org.nz/Documents/Policy/DCNZPolicy_EnglishCompetence.pdf) provides details on the approved English language tests.

Is English your first language (i.e. spoken from birth)?

Yes  No

Was your undergraduate dental training completed in English, with English being the sole language of instruction and assessment and in a country where English is the first and prime language?

Yes  No

Within the last **two** years have you passed a Council approved English language test to the required level?

Yes  No

If English is not your first language, and your oral health training was not completed in English you must sit and pass a Council-approved language competency test to the required level and **attach** a copy of your English test result to this application.

### Mental and Physical Condition

You are required to disclose any mental physical condition; impairment or addiction and provide full details.

#### Hepatitis B & C status

Please **attach** an original typed and signed Hepatitis B and C report, including Hepatitis B surface antigen and antibody and Hepatitis C antibody from a New Zealand registered International Accreditation New Zealand (IANZ) laboratory or from an overseas laboratory which is party to a mutual recognition arrangement with the IANZ [www.ianz.govt.nz](http://www.ianz.govt.nz) or a laboratory registered to provide services for New Zealand Immigration. Please note that the Hepatitis report must be less than **six months** old at the time of receipt and you must ensure that the test request form includes in the "clinical details" section a request for your identity to be verified against your passport photograph and your passport number recorded on the form.

If you supply a report from an accredited overseas laboratory you must also provide a certified copy of the laboratory's certificate of accreditation, including a copy of the laboratory's scope of accreditation so that we can identify that the laboratory has accreditation to carry out the required Hepatitis test.

The test for Hepatitis will indicate whether:

- You have never been infected with the hepatitis B virus and never been successfully vaccinated against hepatitis B. In this case your blood will be hepatitis B surface antigen negative and hepatitis B surface antibody negative; or
- You have been infected with hepatitis B and have eliminated the infection, or been successfully vaccinated against hepatitis B. Your blood will be hepatitis B surface antigen negative and hepatitis B surface antibody positive; or
- You have been infected with hepatitis B and have failed to eliminate the infection. Your blood will be hepatitis B surface antigen positive.

If results show you have never been infected or vaccinated, you are strongly advised to be vaccinated.

If you are infected with hepatitis B we would strongly recommend that you have further specialised tests. If these tests show that you are infectious (HBeAG positive) or HBeAG negative with a high viral load demonstrated by HBV DNA you are unlikely to be eligible for registration in New Zealand. The Dental Council may however seek further advice on a case by case basis.

If the screening test for hepatitis C is positive you are strongly advised to have this followed up by hepatitis C PCR test. If this is positive you are unlikely to be eligible for registration in New Zealand. The Dental Council may however seek further advice on a case by case basis.

Have you ever been affected by a mental or physical condition with the potential to affect your fitness to practice? Please detail neurological, psychiatric or addictive (drugs or alcohol) disorders (including physical deterioration due to injury, disease or degeneration).

Yes  No

If yes, please **attach** full details on a separate sheet. Include: details of illness, duration of treatment, name and contact details of treating practitioner, involvement of teaching institution/employer.

I confirm I have **attached** my current hepatitis B & C report to this application? (Please note your application cannot progress without this document).

Yes  No

### Convictions

Have you ever been convicted of an offence punishable by imprisonment for a term of three months or longer by any Court in New Zealand or any other country?

Yes       No

If yes, please **attach** a certified copy of your conviction history.

### Conduct/Character

Are you now, or have you ever been, the subject of an investigation by an employer, a registration or professional body or educational institution in respect of any matter that was, or may be, the subject of professional disciplinary proceedings?

Yes       No

If yes, please **attach** full details on a separate sheet. Include (if applicable) conditions on your registration/employment.

### Professional Competence

Disclosure of information concerning your competence to practice is required to enable the Council to carry out its principal purpose of 'protecting the health and safety of members of the public' and to ensure you satisfy the statutory requirements for registration.

You must provide details of any competence inquiries, conditions on your employment or registration; and termination or suspension of registration or employment. Any correspondence with you concerning your responses to the sections on fitness or competence to practice will be sent to you in envelopes marked "Private and Confidential." You may wish to nominate an alternative address for correspondence on any fitness or competence issues.

Are you now, or have you ever been, the subject of competence enquiry by an employer, a registration or professional body or educational institution in respect of any matter that was, or may be, the subject of professional disciplinary proceedings?

Yes       No

Have you now, or have you ever had any conditions on your registration or employment?

Yes       No

Have you ever had your employment or registration terminated or suspended?

Yes       No

If you have answered yes to any of these questions, please **attach** full details on a separate sheet.

### New Zealand Conditions of Practice – Overseas Qualified Practitioners

The Dental Council expects all registered oral health practitioners to have an understanding of the cultural, social and legislative framework for the delivery of care in New Zealand. Accordingly, overseas qualified oral health practitioners are required to read and familiarise themselves with the New Zealand Conditions of Practice (NZCOP) Handbook, an online resource of the Dental Council prior to registration.

[http://www.dcnz.org.nz/Documents/DCNZ\\_ConditionsOfPracticeHandbook.pdf](http://www.dcnz.org.nz/Documents/DCNZ_ConditionsOfPracticeHandbook.pdf)

Overseas qualified oral health practitioners are required to make a Statutory Declaration (at the back of this form) that they have read and understood the NZCOP Handbook.

**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).

**Payment**

- 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></tr></table>																				
Amount	<b>NZ\$ 663.39</b>																				
Cardholder Signature																					

**Statutory Declaration**

The information you give in this application is the subject of a statutory declaration to be sworn by you under the Oaths and Declarations Act 1957. If you provide false or misleading information the Dental Council can cancel your registration; you may also be subject to a fine or upon conviction, a term of imprisonment. Applicants should complete the application carefully and honestly.

Your declaration must be made before a person authorised in your country to administer an oath for the purpose of statutory proceedings. **Please note** that all documentation where identification verification is required should be **certified by the same person**.

In New Zealand a statutory declaration can be made before a barrister or solicitor, a Court Registrar, a notary public, or a Justice of the Peace. In other countries statutory declarations can be made before a Judge or a notary public.

*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 solemnly and sincerely declare that I have read and understood the New Zealand Conditions of Practice handbook (~~strike out this line if you are not an overseas qualified applicant~~).*

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.**

**PLEASE NOTE THAT ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT**