

APPLICATION FOR REGISTRATION AS AN ORAL HEALTH PRACTITIONER IN NEW ZEALAND BY VIRTUE OF TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

Attach 1 certified
passport photo here.

THIS FORM IS VALID UNTIL 30 SEPTEMBER 2012

Information for applicants

The Trans-Tasman Mutual Recognition Act 1997 recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country. This form is to be used by applicants seeking registration with the Dental Council as an oral health practitioner by virtue of the Trans-Tasman Mutual Recognition Act 1997.

The application process

- Post your application to the Dental Council at the address below together with the fee.
*Dental Council
PO Box 10-448
Wellington 6143
New Zealand*
- The Dental Council does not accept applications by email or facsimile.
- Please print all answers clearly, and submit **all** supporting documents with your application. Incomplete applications will be returned.
- The Dental Council will determine your application within one month of the date of receipt of a complete application. During that period you are deemed to be registered.
- You will be informed in writing of the outcome of your application. If your application is postponed or refused, or if conditions are imposed, you will be given reasons in writing.
- Please note that the Dental Council may postpone or refuse registration if any of the information provided is materially false or misleading, or if any of the required information or documentation has not been provided.
- All oral health practitioners must be registered with the Dental Council, and must hold a current annual practising certificate (APC), in order to be able to lawfully practise in New Zealand. Accordingly, if you wish to practise in New Zealand following registration, you need to apply and pay for an APC now (in addition to the registration fee).
- If your application is approved, you will be registered with the Dental Council and the Registrar will add your name to the public register of oral health practitioners. If you have applied and paid for an APC, you will be issued with an APC for the current practising year.
- If your application is refused, you will be given reasons for the refusal. The APC fee that you paid will also be refunded.

Name

Given names

Family name

Other names

If names differ from those on your dental qualification, or on your Australian registration, please tick box to show reason, and **attach** 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 (p6) and the statutory declaration section of this form (p8).

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. Note that Section 140 of the Health Practitioner's Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if relevant, practice addresses.

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

Scopes of Practice

Please select the scope of practice and any additional scopes of practice which you are seeking registration in.

General Dental

Dental Specialist

- | | |
|---|---|
| <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 |

Dental Hygiene

Orthodontic Auxiliary

Dental Therapy

Adult Care

Dental Technology

Clinical Dental Technology

Implant Overdentures in Dental Technology

¹ 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)*.

² 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)*.

Registration in Australia

Please provide details of your current registrations (including specialist registrations) in **Australia**.

State	Date registered	Registration status (including branch of dentistry registered in)

Conditions

Please specify any conditions to which you are subject in carrying out your occupation in Australia and **attach** supporting documentation (for example, if you are subject to an undertaking, please enclose a **certified copy** of the undertaking).

Condition	Date imposed	Reason for condition

Dental Register

The Dental Council collects personal information from you for the purpose of administering the provisions of the Health Practitioners Competence Assurance Act 2003. In collecting and handling your personal information the Dental Council will comply with this Act and the Privacy Act 1993.

Under the Act certain information including your name, registration number, scope of practice and qualifications must be included on the Dental Register and made publicly available. In addition the Act requires you to provide the Dental Council with your current postal, residential and practice addresses. However, your address, phone, fax and email details can only be published if you agree.

The personal information that appears on the public Dental Register will also be made available to the Ministry of Health for inclusion in the Health Practitioner Index (HPI). The Dental Council may provide the Ministry with further personal information about you such as your date of birth or gender, if the Ministry requires this information to verify your identity under the HPI. This may be necessary, for example, if there are two or more health practitioners who have the same name. Such further information will be given to the Ministry only on an individual basis and only if the Dental Council is satisfied that your privacy is protected. This information will not be published or disclosed to any others. You have a right to request access to, and correction of, personal information about you held by the Dental Council.

Do you want your address details published on the dental register?

- Yes (please specify):
 Postal
 Practice
 Residential
 No, do not publish my details

Do you want your contact details to be published on the Register?

- Yes (please specify):
 Email and/or
 Phone and/or
 Fax
 No, do not publish my details

Qualifications and current and past registrations

While information about your qualifications, and information about your current and past registrations in countries other than Australia, will not be used to determine your application under the Trans-Tasman Mutual Recognition Act 1997, it is important that the Dental Council has full information about your educational background and current and past registration status.

First Dental Qualification

Please provide details of your primary dental qualification and **attach** a certified copy of your diploma or degree certificate.

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

Post-graduate Qualifications

If you hold a post-graduate qualification please provide details of the qualification below and **attach** a certified copy of your diploma or degree certificate.

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

Current and Past Registrations

Please provide details of your current and past dental registrations (including specialist registrations) in countries **outside of Australia** and **attach** a certified copy of your registration certificate.

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

Mental and Physical Condition

Do you currently suffer from any mental physical condition; impairment or addiction? If yes, please provide full details.

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.

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 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 the Dental Council will consider this 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, Dental Council will consider this on a case by case basis.

I confirm I have **attached** my current Hepatitis B & C report to this application.

Yes

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 Handbook, an online resource of the Dental Council prior to registration.
http://www.dcnz.org.nz/Documents/DCNZ_ConditionsOfPracticeHandbook.pdf

I confirm that I have read and understood the New Zealand Conditions of Practice Handbook.

Yes

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 (p6) and the statutory declaration section of this form (p8).

Prescribed Fee and Payment

All oral health practitioners must be registered with the Dental Council, and must hold a current annual practising certificate (APC), in order to be able to lawfully practise in New Zealand. The fee for an APC depends upon the scope of practice in which you obtain registration. If a practitioner is registered with the Dental Council in more than one scope of practice, the practitioner is only required to pay one APC fee, this being the highest of the two fees. APCs are valid for a period of up to 12 months. In particular, the APC practising year for Dentists and Dental Specialists is 1 October to 30 September each year, and the APC practising year for all other oral health practitioners is 1 April to 31 March each year.

The following gazetted fees are applicable and payable with this TTMR application:

Fees valid from 1 April 2012	Total amount payable
Dentist & Dental Specialist Application for registration and Annual Practising Certificate comprising: (a) Application for registration NZ\$ 442.26 (b) Annual Practising Certificate fee NZ\$ 675.50 (c) Disciplinary levy NZ\$ 170.22	NZ\$ 1,287.98
Dental Hygienists, Dental Therapists and Orthodontic Auxiliaries Application for registration and Annual Practising Certificate comprising: (a) Application for registration NZ\$ 442.26 (b) Annual Practising Certificate fee NZ\$ 473.93 (c) Disciplinary levy NZ\$(0.44)	NZ\$ 915.75
Dental Technicians and Clinical Dental Technicians Application for registration and Annual Practising Certificate comprising: (a) Application for registration NZ\$ 442.26 (b) Annual Practising Certificate fee NZ\$ 702.45 (c) Disciplinary levy NZ\$ (24.08)	NZ\$ 1,120.63

Credit card authorisation

Type of Card	VISA / MASTERCARD (ONLY)
Name on Card	
Expiry date	
Card number	

Amount payable

Upon registration you will be issued with an Annual Practising Certificate which entitles you to practise in New Zealand, please select the correct amount payable below, for your scope of practice, and your account will be charged accordingly:

Dentist & Dental Specialist	NZ\$ 1,287.98 <input type="checkbox"/>
Dental Hygienists, Dental Therapists and Orthodontic Auxiliaries	NZ\$ 915.75 <input type="checkbox"/>
Dental Technicians and Clinical Dental Technicians	NZ\$ 1,120.63 <input type="checkbox"/>
Cardholder Signature	

Trans-Tasman Mutual Recognition Act 1997 – Section 19 Notice

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:

1. I am the person named in the attached documents; and
2. The information I have provided in this application form, including in this Notice and in the supporting documents, is true and correct to the best of my knowledge; and
3. I have specified all of the states in Australia in which I have registration in an equivalent occupation, and I have specified those occupations; and
4. I am not the subject of disciplinary proceedings in Australia; and
5. I am not the subject of any preliminary investigations or action that may lead to disciplinary proceedings in Australia; and
6. My registration in Australia has not been cancelled, nor is it currently suspended, as a result of disciplinary action; and
7. I am not otherwise personally prohibited from practising in Australia, nor am I subject to any special conditions as a result of criminal, civil, or disciplinary proceedings;
8. I have specified all of the special conditions that apply to my practice (if any); and
9. 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; and
10. I authorise the Dental Council and its agents to make inquiries of and to exchange information with the relevant authorities in Australia for the purposes of considering this application; and
11. I understand that if my application or documents submitted in support of my application are found to be forged, false or altered, my registration will be cancelled and the appropriate authorities notified; and
12. I understand that my registration may be refused if I make a false or misleading representation or if I do not provide the required information.

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

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