



## Application for limited registration for teaching or research

Profession: **Dental**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for appropriately qualified, overseas-trained dental practitioners who do not qualify for general registration and who wish to apply for limited registration to fill a teaching or research position under section 69 of the National Law.

Dental practitioners granted limited registration for teaching or research should note that the registration is granted for the particular purpose of the teaching or research employment position in accordance with the approved position description. A dental practitioner registered under this category of limited registration will **not** be eligible to undertake private practice. The terms of the limited registration for teaching or research will be notated on the Register of Dental Practitioners and any practice outside those terms is not permitted.

This type of limited registration may be granted for a period of up to 12 months and must be renewed annually. You can renew up to three times for total maximum period of four years, after which time a new application for limited registration can be made. Applicants for this type of registration are required to have a formal offer of a teaching or research position before applying for registration.

Applications for this type of registration can be made up to six months before the teaching or research position is due to commence.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the employer
- **Part C:** to be completed by the supervisor, and
- **Part D:** to be completed by the applicant.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form particularly the *Limited registration for teaching or research registration standard* published at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

**This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

### Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

- Additional information**  
Provides specific information about a question or section of the form.
- Attention**  
Highlights important information about the form.
- Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
- Signature required**  
Requests appropriate parties to sign the form where indicated.
- Mail document(s) directly to Ahpra**  
Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents.**

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

## PART A – To be completed by the applicant

### SECTION A: Application inclusions

1. Which division(s) of dental practitioner are you applying for limited registration in?

Mark all options applicable to your application

<input type="checkbox"/> Dentist (including dental specialist)	<input type="checkbox"/> Dental therapist	<input type="checkbox"/> Oral health therapist
	<input type="checkbox"/> Dental hygienist	<input type="checkbox"/> Dental prosthetist

2. If you are a dentist, are you also applying for limited registration as a specialist?

YES  *Go to the next question*      NO  *Go to Section B: Personal details*

3. What speciality/specialities are you applying for limited registration in?

Mark all options applicable to your application

<input type="checkbox"/> Dento-maxillofacial radiology	<input type="checkbox"/> Oral medicine	<input type="checkbox"/> Periodontics
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Oral and maxillofacial pathology	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Forensic odontology	<input type="checkbox"/> Oral surgery	<input type="checkbox"/> Public health dentistry (community dentistry)
<input type="checkbox"/> Oral & maxillofacial surgery	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Special needs dentistry
	<input type="checkbox"/> Paediatric dentistry	



# SECTION B: Personal details



The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

## 4. What is your name and date of birth?

**Title\*** MR  MRS  MISS  MS  DR  OTHER


**Family name\***

**First given name\***

**Middle name(s)\***

**Previous names known by** (e.g. maiden name)

**Date of birth**  /  /

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

## 5. What are your birth and personal details?

**Country of birth**

**City/Suburb/Town of birth**

**State/Territory of birth (if within Australia)**  
VIC  NSW  QLD  SA  WA  NT  TAS  ACT

**Sex\***  
MALE  FEMALE  INTERSEX/INDETERMINATE

**Languages spoken fluently other than English (optional)\***




## SECTION C: Proof of identity

 **You must provide proof of your identity with this application.** Please refer to the *Proof of identity requirements* available at [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity).

**6. Are you applying for registration from within Australia?**

YES

NO  **Go to the next question**

 You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at [www.ahpra.gov.au/translate](http://www.ahpra.gov.au/translate) for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

**Choose proof of identity documents to submit – then go to Section D: Contact information**

- You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.
- A document may only be used once for any category.

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children Check or Vulnerable People Check	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Category D documents</b>			
Australian firearms or shooter's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address <input checked="" type="checkbox"/>			
International or foreign driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice <input checked="" type="checkbox"/>			
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement <input checked="" type="checkbox"/>			
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account <input checked="" type="checkbox"/>			
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>				
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				



You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



**i** Once **registered** and **living** in Australia, you need to become identity enrolled. Please download and complete the form *POIA-00 – Proof of identity requirements form: Within Australia* to become identity enrolled.

7. Are you applying for registration from outside Australia?

YES

Go to the next question

NO

Go back to question 6 to nominate the proof of identity you will provide with your application

8. Can you meet the proof of identity requirements for applicants applying for registration within Australia?

NO

YES

Go back to question 6 to nominate the proof of identity you will provide with your application

**i** You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at [www.ahpra.gov.au/translate](http://www.ahpra.gov.au/translate) for further information.

**Choose proof of identity documents to submit – then go to Section D: Contact information**

- You **must** provide one category B document and two category C documents.
- A document may only be used once for any category.

Documents	Category used:		Documents	Category used:	
	B	C		B	C
Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard, Laissez Passer and Titre de Voyage)	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate	NA	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Driver's licence	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	Marriage certificate	NA	<input type="checkbox"/>
Australian visa (must be provided in conjunction with a foreign passport of travel document)	NA	<input type="checkbox"/>	Identity card	NA	<input type="checkbox"/>
	NA	<input type="checkbox"/>	Australia citizenship certificate	NA	<input type="checkbox"/>



You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



#### Certifying documents

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.



## SECTION D: Contact information



Once registered, you can change your contact information at any time.  
Please go to [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login) to change your contact details using your online account.

### 9. What are your contact details?

Provide your current contact details below – place an  next to your preferred contact phone number.

**Business hours**

**Mobile**

**After hours**

**Email**

### 10. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (\*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

**Site/building and/or position/department (if applicable)**


**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)


**City/Suburb/Town\***

**State or territory** (e.g. VIC, ACT)/**International province\***

**Postcode/ZIP\***

**Country (if other than Australia)**

### 11. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (\*) will appear on the public register.

YES

NO  *Provide your Australian principal place of practice below*

**Site/building and/or position/department (if applicable)**


**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)


**City/Suburb/Town\***

**State/Territory\*** (e.g. VIC, ACT)

**Postcode\***



## 12. What is your mailing address?



Your mailing address is used for postal correspondence.



My residential address



My principal place of practice



Other (*Provide your mailing address below*)

### Site/building and/or position/department (if applicable)


### Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)


### City/Suburb/Town

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### State or territory (e.g. VIC, ACT)/International province

--

### Postcode/ZIP

--

### Country (if other than Australia)

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## SECTION E: Qualification for the profession



### Dental practitioner

To be eligible for limited registration for teaching or research, you must have a dental practitioner qualification of equivalent duration to an Australian graduate in the division of the Register of Practitioners in which you are seeking registration. As a guideline, the Board will apply the following requirements:

- dentist – four years full-time
- prosthetist – three years full time including a dental technical course
- oral health therapist – three years full time, and
- dental therapist and dental hygienist – two years full time, with variation for consecutive course of three years total for dual qualified.

### Specialist dentists

To be eligible for limited registration for teaching or research as a specialist dentist, you must have both an undergraduate dentist qualification of equivalent duration to an Australian graduate and a specialist qualification in a dental specialty (which you have indicated you are eligible for on page 1 of this application form). As a guideline, the Board will apply the following minimum requirements:

- dentist – four years full-time, and
- specialist qualification in a dental specialty – two years post general qualification practice plus a three year full time course in a dental specialty.

## 13. What are the details of your primary dental practitioner qualification?



For more information, see *Certifying documents* in the *Information and definitions* section of this form.

### Primary qualification and examinations/assessments

Title of qualification

--

Name of institution (University/College/Examining body)

--

Country

--

Start date

M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---

Completion date

M	M	/	Y	Y	Y	Y
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You **must** attach an original certified copy of your professional entry level qualification that indicates completion of a course of study leading to a qualification as a dental practitioner.





## SECTION F: Registration history

### 15. What is your health practitioner registration history?

**i** To be eligible for limited registration for teaching or research you **must** provide evidence of current registration in the overseas locations where you practice.

If you have been previously registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past five years**.

Certificates **must** be dated within three months of your application being received by Ahpra.

#### Most recent registration

State/Territory/Country

Profession

Period of registration

 /  /  to  /  / 

#### Additional registration

State/Territory/Country

Profession

Period of registration

 /  /  to  /  / 


If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office. Refer to [www.ahpra.gov.au/About-Ahpra/Contact-Us](http://www.ahpra.gov.au/About-Ahpra/Contact-Us) for your Ahpra state office address.



Attach a separate sheet if your registration history does not fit in the space provided.

## SECTION G: Work history

### 16. What is your full practice history?



It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

## SECTION H: Registration period



There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

### 17. If this application is approved, when would you like your limited registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

- On the date of the Board's approval
- On the date below, or the date of the Board's approval, whichever is the latter

 /  / 


You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

Once your registration has been granted, you cannot change your registration start date.





## SECTION I: Suitability statements

**i** Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards) for further information.

### 18. Do you have any criminal history in Australia?



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES

NO



You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

### 19. Do you have any criminal history in one or more countries other than Australia?



For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

NO

**Go to the next question**

YES

**You are required to:**

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.

### 20. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?



If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

NO

**Go to the next question**

YES

**You are required to obtain an international criminal history check from an approved vendor for each country and provide details below**

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

### 21. Have you previously been registered as a dental practitioner in Australia?



All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES

**Go to the next question**

NO

**Go to question 23**

### 22. Have you used English as your primary language within the past five years?

YES

I declare I have used English as my primary language within the past five years.  
**Go to question 27**

NO

**Go to the next question**



**All applicants must demonstrate English language competency via one of the following pathways:**

**i** An evidence requirements guide is available at [www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills](http://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills).

*Recognised country* means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Combined secondary and tertiary education pathway**

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

**Extended education pathway**

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

**Primary language pathway**

*With overseas qualification in a non-recognised country*

English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

**English language test pathway**

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

**23. Which one of the English language competency pathways do you meet?**

**i** Ahpra may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

Combined secondary and tertiary education pathway

Provide details of secondary and tertiary education in the table below, then go to question 27

Extended education pathway

Provide details of secondary, vocational and tertiary education in the table below, then go to question 27

Primary language pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 27

English language test pathway

Go to question 24

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				



Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English. A list of approved programs of study is available at [www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study](http://www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study)

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

**24. Were your results from the English language tests obtained in one or two sittings?**

**i** In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *English language skills registration standard*.

One sitting  Provide date of test below, then go to the next question and complete details for one sitting

Two sittings  Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD / MM / YYYY

Sitting two DD / MM / YYYY



## 25. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

### International English Language Test System (IELTS) Academic module

Test report form number – sitting one:

A

Test report form number – sitting two (if applicable):

A

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

### Occupational English Test (OET)

Candidate number – sitting one:

Candidate number – sitting two (if applicable):

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

### Pearson Test of English Academic (PTE Academic)

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

### Test of English as a Foreign Language internet-based test (TOEFL iBT)

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.

If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

## 26. Were your results from the above-mentioned English language tests obtained in the past two years?

YES

NO



In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

## 27. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?



The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising. **Applicants unable to meet this requirement are ineligible for registration.**

For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES

NO

## 28. Did you graduate from the degree corresponding to the division you are seeking registration in, more than three years ago?



For more information, see the *Limited registration for teaching or research registration standard* available on the Board website.

YES

NO



If your qualification was awarded more than three years before the date of application, you **must** have practised clinical dentistry for a minimum of 250 hours per year for the last three years. These hours **must** be clearly documented in your curriculum vitae at question 16.



29. Will you be performing exposure-prone procedures in your practice?



Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at <https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>

**Most dental practitioners working in clinical practice will perform EPPs.**

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in Appendix 2 of the *CDNA National Guidelines – Healthcare Workers Living with Blood Borne Viruses / Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at <https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>.

You can also seek additional advice from your employer or professional association.

YES  Go to the next question NO  Go to question 31

30. Do you commit to comply with the Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES  NO

31. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession?



For more information, see *Impairment* in the *Information and definitions* section of this form.

YES  NO



You must attach to this application details of any impairments and how they are managed.

32. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES  NO



You must attach to this application details of any registration suspension or cancellation.

33. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES  NO



You must attach to this application details of any cancellation, refusal or suspension.

34. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES  NO



You must attach to this application details of any conditions, undertakings or limitations.

35. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES  NO



You must attach to this application details of any disqualifications.



36. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO

You **must** attach to this application details of any conduct, performance or health proceedings.

**SECTION J: Details of the position**

37. When do you need your registration to start?

- The date registration is approved
- The date indicated below, being a date subsequent to the approval date

Commencement date

DD /  MM /  YYYY

38. What is the commencement date of the position?

Commencement date

DD /  MM /  YYYY

39. What is the completion date of the position?

Completion date

DD /  MM /  YYYY

40. What is the title of the position for which limited registration is being sought?

Practitioners with limited registration for teaching or research **must** maintain their employment in the designated position. If there is any change to the teaching or research position you must notify the Board immediately and you may need to submit a new application for registration to the Board.

Title of the position/role

You **must** attach a position description including:

- key selection criteria addressing clinical responsibilities
- qualifications and experience required, and
- details of the teaching or research activities and any clinical practice that will be undertaken

41. Do you agree that you will only practise under supervision if granted limited registration for teaching or research?

YES

You **must** attach a proposed supervision plan in accordance with the Supervised Practice Framework available at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

NO

Practitioners with limited registration for teaching or research must only practise under supervision.



## SECTION K: Obligations, consent and declaration



**Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

#### Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

#### Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

#### Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);

- (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
  - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
- h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

#### Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.



## Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,
  - b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## Declaration

I **declare** that:

- the statements made, and any documents provided, in support of this application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>

I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application for renewal of registration will be sent to me electronically to me via my nominated email address
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



## PART B – To be completed by the employer

### SECTION L: Employer details

#### 42. What are the details of the employer?



You as employer must provide a contact person (e.g. the name of the human resource manager/practice manager) and email address for receipt of notifications.

##### Provide employer details below

Name of employer organisation

MR

MRS

MISS

MS

DR

OTHER

Family (legal) name of contact

First given name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)




City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Business hours

Mobile

Email

#### 43. What is the title of the teaching or research position for which limited registration is being sought?

Title of the position/role

### SECTION M: List of sites

#### 44. What are the names and addresses of all sites of practice (e.g. university campuses) for which limited registration is being sought?

Site/Building (if applicable)




Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)





City/Suburb/Town

State/Territory\* (e.g. VIC, ACT)

Postcode\*





**Site/Building (if applicable)**

**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

**City/Suburb/Town**


**State/Territory\*** (e.g. VIC, ACT) **Postcode\***

**Site/Building (if applicable)**

**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

**City/Suburb/Town**

**State/Territory\*** (e.g. VIC, ACT) **Postcode\***

 Attach a separate sheet of the names and addresses of additional sites that do not fit in the space provided.

**SECTION N: Employer's consent**

I declare that the information provided in this Part B is true and correct.

I confirm that:


- the qualifications and clinical experience of the applicant named below are appropriate for the teaching/research role described in the position description attached, and
- the applicant named below has been formally offered the position as described in this application.

**Name of applicant**

**Date**  /  /

**Name of employer**

**Signature of employer**

 **SIGN HERE**



**PART C – To be completed by the supervisor**

**SECTION O: Supervisor details**

45. Are you in the same division of the register as the applicant? YES  NO

**STOP** The supervisor **must** be in the same division of the register as the applicant.

46. What are the details of the supervisor?

**i** Supervisors must meet the requirements specified in the Supervised Practice Framework. The Supervised Practice Framework is available at [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

**Provide supervisor details below**

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of principal supervisor

First given name

Registration number

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State/Territory (e.g. VIC, ACT)  Postcode

Business hours contact phone number    Mobile

Email

As the proposed supervisor, you **must** attach your curriculum vitae detailing the practice you have undertaken since registration and your current position.

**SECTION P: Supervisor's consent**

I undertake to:

- be the applicant's primary supervisor and to provide a level of supervision as determined from time to time by the Board
- provide reports to the Board regarding the applicant's safety and competence in the limited registration category in accordance with the requirements set by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- observe the applicant's work, conduct case reviews, periodically conduct performance reviews and identify and address any problems
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings, and
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor.

Name of primary supervisor

Date  /  /

Signature of primary supervisor



**PART D – To be completed by the applicant**

**SECTION Q: Payment**

**You are required to pay BOTH an application fee and a registration fee**

1. Select your application fee from the list under *Application fee*. Your application fee depends on which division you wish to be registered.
2. Select your registration fee from the *Pro-rata registration fees* table. Your registration fee depends on the division you wish to be registered, your principal place of practice and how many months you will be registered.
3. Add your application fee and registration fee to determine your amount payable.

If you are applying for multiple divisions you are only required to pay one application fee and one registration fee. You must pay the fees belonging to the division with the highest registration fee.

<b>Application fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>								
\$ INSERT FEE		\$ INSERT FEE		\$ INSERT FEE								
<table border="1"> <thead> <tr> <th style="text-align: left;">Division</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr> <td>Dentist and/or specialist</td> <td style="text-align: right;"><b>\$376</b></td> </tr> <tr> <td>Dental hygienist/therapist and/or oral health therapist</td> <td style="text-align: right;"><b>\$183</b></td> </tr> <tr> <td>Dental prosthetist</td> <td style="text-align: right;"><b>\$376</b></td> </tr> </tbody> </table>	Division	Fee	Dentist and/or specialist	<b>\$376</b>	Dental hygienist/therapist and/or oral health therapist	<b>\$183</b>	Dental prosthetist	<b>\$376</b>				<p>Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.</p>
Division	Fee											
Dentist and/or specialist	<b>\$376</b>											
Dental hygienist/therapist and/or oral health therapist	<b>\$183</b>											
Dental prosthetist	<b>\$376</b>											

**Pro-rata registration fees**

**Number of months you will be registered**

Division		1	2	3	4	5	6	7	8	9	10	11	12
<b>Dentist and/or specialist</b>	National fee	\$65	\$131	\$196	\$262	\$327	\$393	\$458	\$523	\$589	\$654	\$720	<b>\$785</b>
	NSW fee	\$65	\$131	\$196	\$262	\$327	\$393	\$458	\$523	\$589	\$654	\$720	<b>\$785</b>
<b>Dental hygienist, therapist and/or oral health therapist</b>	National fee	\$21	\$41	\$62	\$82	\$103	\$123	\$144	\$164	\$185	\$205	\$226	<b>\$246</b>
	NSW fee	\$21	\$41	\$62	\$82	\$103	\$123	\$144	\$164	\$185	\$205	\$226	<b>\$246</b>
<b>Dental prosthetist</b>	National fee	\$22	\$45	\$67	\$89	\$111	\$134	\$156	\$178	\$200	\$223	\$245	<b>\$267</b>
	NSW fee	\$22	\$45	\$67	\$89	\$111	\$134	\$156	\$178	\$200	\$223	\$245	<b>\$267</b>

**Refund rules**  
 The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

**47. Please complete the credit/debit card payment slip below.**

**Credit/Debit card payment slip – please fill out**

Amount payable <input style="width: 100%;" type="text" value="\$"/>	Name on card <input style="width: 100%;" type="text"/>
Visa or Mastercard number <input style="width: 100%;" type="text"/>	Cardholder's signature <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 2em; color: #0070C0;">SIGN HERE</span> </div>
Expiry date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	



## SECTION R: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
<b>Question 4</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 6</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 8</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 13</b>	Original certified copy of your primary dental degree certificate	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet with additional qualification details	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with additional specialist qualification details	<input type="checkbox"/>
<b>Question 15</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet with additional registration history details	<input type="checkbox"/>
<b>Question 16</b>	Your curriculum vitae	<input type="checkbox"/>
<b>Question 18</b>	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 19</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 19</b>	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
<b>Questions 19 &amp; 20</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 23</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 23</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 25</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 26</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 26</b>	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
<b>Question 31</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 32</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 33</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 34</b>	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
<b>Question 35</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 36</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Question 40</b>	A position description	<input type="checkbox"/>
<b>Question 41</b>	A supervision plan	<input type="checkbox"/>
<b>Question 44</b>	A separate sheet of the names and addresses of additional sites	<input type="checkbox"/>
<b>Question 46</b>	A curriculum vitae for the supervisor	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>



**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495



## Information and definitions

### AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at <https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>

### CERTIFYING DOCUMENTS

**DO NOT send original documents.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and

- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### CRIMINAL HISTORY

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement '*I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.*'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at

[www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

and the requirements for supplying proof of identity and certified documents at [www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity](http://www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity) and [www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents](http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents)

### CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- indicate whether positions were undertaken full-time or part-time, and specify the nature of any practice (e.g. provision of clinical care, management, administration, regulatory or policy development role)
- detail your continuing professional development over the last three years and refer to the Board's registration standard and guidelines for continuing professional development on the level of detail required
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It **must** also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)



## ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

## IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

## PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

## PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a dental practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

For more information, view the full registration standard online at [www.dentalboard.gov.au/Registration-Standards](http://www.dentalboard.gov.au/Registration-Standards)

## REGISTRATION APPROVAL DATES

**On the date of the Board's approval** – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

**On the date below or the date of the Board's approval, whichever is the latter** – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.