

**APPLICATION FOR ENROLMENT IN THE
NEW ZEALAND DENTAL REGISTRATION EXAMINATION:
CLINICAL EXAMINATION**

THIS FORM IS VALID UNTIL 2 AUGUST 2012

Attach 2 certified
passport photos here.

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

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

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

| Examination details | | | |
|---|--|--|--|
| Please indicate for which specific examination you are applying: | | | |
| New Zealand Dentist Registration Examination (NZDREX) | | New Zealand Dental Hygiene Registration Examination (NZDHREX) | |
| New Zealand Dental Specialist Registration Examinations (NZDSREX) | | New Zealand Dental Therapy Registration Examinations (NZDTREX) | |
| | | New Zealand Dental Technology Registration Examinations (NZDTechREX) | |

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

| Identification | |
|--|----------------------------------|
| Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> 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 (p7). | |

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

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

Competence in English

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

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

International English Language Testing (IELTS):

Applicants are required to:

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

Occupational English Test (OET):

Applicants are required to:

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

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

Have you completed a Dental Council approved English Language test? If yes, please **attach** a certified copy of your test results.

Yes No

Fitness to Practise

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

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

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

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 laboratory; or 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 photographs 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.

CHECKLIST OF SUPPORTING DOCUMENTS REQUIRED

Applicable to **first time** applicants (applicants who haven't registered for any NZDREX component previously, including all new Australian Dental Council transfer applicants):

- Certified copies of the identification pages of your passport
- Two certified passport photos
- Certified copy of your registration certificate (must be current)
- Certificates of Good Standing from relevant Boards/Council's (not older than 3 months)
- Certified copy of your English Language test results (not older than 2 years)
- An original typed and signed Hepatitis B and C report, including Hepatitis B surface antigen and antibody and Hepatitis C antibody (not older than 6 months)
- Official academic institution copy of your complete academic transcript, statement of marks or record of study (ADC transfer applicants ONLY)
- Certified copies of relevant degrees, diplomas and other qualifications (ADC transfer applicants ONLY)
- Copies of all your written and/or clinical examination results (NZ or Australia)

Applicable to **repeat** applicants (applicants who have been registered for a NZDREX examination component):

- Certified copies of the identification pages of your passport
- Two certified passport photos
- Certified copy of your registration certificate (if previously submitted copy has expired)
- Certificates of Good Standing from relevant Boards/Council's (if previously submitted copy is older than 3 months)
- Certified copy of your English Language test results (if previously submitted copy has expired)
- An original typed and signed Hepatitis B and C report, including Hepatitis B surface antigen and antibody and Hepatitis C antibody (if previously submitted copy is older than 6 months)

Documentation only required **where applicable**:

- Evidence for name difference between qualification(s) and current identification document
- Details of any mental or physical conditions
- Certified copy of any conviction history
- Full details of any investigation regarding professional disciplinary proceedings

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

Payment (please sign below)

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

| | | | |
|-----------------------------|---|----------------------|----------------------|
| Type of Card | VISA / MASTERCARD (ONLY) | | |
| Name on Card | | | |
| Expiry date | | | |
| Card number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | |
| Amount NZ\$ | Fees | Amount | |
| | New Zealand Dentists Registration Examination (NZDREX) | NZ\$ 6,226.24 | |
| | New Zealand Dentists Registration Examination (NZDREX) <i>(Partial passes: only applicable to candidates registered prior to 4 November 2009)</i> | NZ\$ 2,668.28 | |
| | New Zealand Dental Hygiene Registration Examination (NZDHREX) <i>(the fee will reduce to \$4,085.61 where there are a total of 5 or more applicants enrolled for the written examination. Enrolled applicants will be refunded the difference after the registration closing date if 5 or more applicants enrolled)</i> | NZ\$ 4,572.75 | |
| | New Zealand Dental Therapy Registration Examinations (NZDTREX) <i>(the fee will reduce to \$4,085.61 where there are a total of 5 or more applicants enrolled for the written examination. Enrolled applicants will be refunded the difference after the registration closing date if 5 or more applicants enrolled)</i> | NZ\$ 4,572.75 | |
| Cardholder Signature | | | |

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 (p7).

Statutory Declaration

Jurat Stamp

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

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

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

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

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

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

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

Applicant's signature _____ Date

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

In the presence of

Title

Please note that all documentation where identification verification is required should be **certified by the same person**, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding; which include your passport photo, copies of your identification pages, verification of identity section of this form (p6) and the statutory declaration section of this form (p7).

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