

Guide to Applying for Enrolment in the NZ Dental Technician Registration Examinations (NZDNREX)

Introduction

Dental Technicians are registered under the provisions of the Health Practitioners Competence Assurance Act (HPCA) 2003. To be eligible for registration in the general dental technician scope of practice you must have a prescribed undergraduate qualification or have sat and passed the New Zealand Dental Registration Examination (see [Scopes Of Practice](#) for details on prescribed qualifications). In addition you must satisfy the Dental Council of your fitness and competence to practice. We encourage applicants with non-prescribed undergraduate dental technician qualifications to apply directly to the NZDNREX examination process (using Form NE001) and avoid the costly qualification assessment process.

If you have previously applied for registration as a dental technician or previously enrolled to sit the New Zealand Dental Registration Examination you should complete Form NE002 (also available from the website).

NZDNREX is comprised of a 1 day written examination, a 4 day clinical examination and a 15 minute viva voca.

Dates of examinations are available on the DCNZ website www.dcnz.org.nz

NZDNREX Entry Requirements

To gain entry to NZDNREX process you must:

- a) Provide satisfactory evidence of successful completion of a three-year undergraduate dental technician degree at a recognised tertiary academic institution or equivalent.
- b) Appear to meet the fitness for registration requirements of s16 of the HPCA Act 2003. This section requires that Council must be satisfied that you:
 - are able to communicate effectively and comprehend English sufficiently to protect the health and safety of the public. *In this regard unless you can demonstrate that your first language is English **and** that your undergraduate training was completed in English, with English being the sole language of instruction and assessment and in a country where English is the first and prime language you will need to sit and pass a Council approved English test. See [Policy on English competence](#) for details on approved tests*
 - have not been convicted of an offence punishable by imprisonment for a term of three months or longer which reflects adversely on his or her fitness to practise
 - are not unable to perform the functions required for the practise of dentistry because of a mental or physical condition.
 - are not the subject of professional disciplinary proceedings, investigations or orders which reflect adversely on your fitness to practise. In this regard Council will require certificates of good standing from every jurisdiction you have worked in as an oral health practitioner in the last 7 years.
 - will not endanger the health and safety of the public; and
- c) Provide satisfactory evidence that you have practised as a dental technician in the last three years.

Application process

When you apply to sit the written examination for the first time you must demonstrate that you have satisfied the above requirements. Once your completed application form, supporting documentation and payment has been received your application will be acknowledged and your eligibility to enrol in the dental technician examination assessed. Confirmation of eligibility will not be issued until all the necessary documentation has been received *and (if English is not your first language) you have provided evidence that you have sat and pass an approved English test to the required level.*

Fees

You must pay fees in New Zealand dollars. Fees can be paid by cheque, bank draft, MasterCard or Visa. If paying by cheque or bank draft, please make it:

- payable to the Dental Council of New Zealand

The correct fees must accompany this application. Your application will not be processed until the fee is paid in full. (See the [fees schedule](#) for current fees.)

Certified Copies

A certified copy is a photocopy of the original that has been certified as a true copy by the issuing authority or a person authorised in your country to administer an oath for the purpose of statutory proceedings. The official must endorse the copy "Certified true copy of original document sighted" and use his/her official seal.

Guidance notes for completing the examination application form

1. Examination Dates

The dates the forthcoming NZDNREX examination is set out in [Timetable for NZDNREX](#). If you wish to sit the next NZDNREX examination the DCNZ must receive your completed application and supporting documentation before the closing date shown in the Timetable.

2. Personal Details and Identification

Please show given names from your passport unless your name has been legally changed. If your name differs from those on your dental qualification, please attach evidence of the name change (e.g. marriage certificate). Please provide certified copies from the relevant identification pages of your passport and ensure you attach three passport sized recent photographs to the front page of the application form.

3. Contact Details

Please provide your postal address and an alternative contact address together with your telephone/ fax numbers and an email address. All written communications will be sent to your mailing address.

4. Previous applications with the Dental Council of New Zealand

If you have previously applied for registration or to sit any part of the New Zealand Dental Registration Examinations please give details of the date of your application and your registration/ application/ candidate number if applicable.

5. Qualifications

Please provide documentary evidence that you have successfully completed a three year undergraduate dental technician degree at a recognised tertiary academic institution including:

- An official list of the papers you have passed from the awarding institution. This list should include the title of each paper, the year in which each paper was completed and the grade obtained for each paper. Some academic institutions call this an academic transcript, statement of marks or record of study; and
- certified copies of relevant degrees, diplomas and other qualifications

(Note: If your certificates are not written in English please also include an official English translation of your certificates with your application)

6. Registrations - Certificate/s of Good Standing

Please record the details of your current and previous registration in countries other than New Zealand. Please arrange for a Certificate of Good Standing (no older than three months) to be sent directly to the Dental Council from the registration board in every place (excluding New Zealand) you have worked in the last 7 years. It is recognised that in some countries dental technology is not regulated.

7. Practice Experience

Please include a copy of your Curriculum Vitae with your application. Please ensure that your CV provides full details of:

- your relevant work experience and current employment;
- the continuing professional development you have undertaken in the past three years.

8. Immigration Status

Please indicate your immigration status. Please note that upon successful completion of NZDNREX and before registration is granted you will be required satisfy the Council that you intend to reside and practise in New Zealand by providing evidence at a registration interview in New Zealand that you have been granted residence or applied for residence.

9. Fitness to Practise

Disclosure of information about your fitness to practise is required to enable Council to carry out its principal purpose of protecting the health and safety of members of the public and ensure you satisfy the statutory requirements for registration under the HPCA.

a) Competence in English

You are required to demonstrate that you can comprehend and communicate in English to an acceptable standard. If English is not your first language, you **must** pass an approved English test to the required level and arrange for the results to be sent directly from the examining body to the Dental Council. Entry into the examination process will not be approved until the English language test requirements have been satisfied. Refer to Council [Policy on English competence](#) for further information.

b) Mental and Physical Condition

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

Hepatitis Status

You must be aware of and declare your current hepatitis B and C status in your application. If you do not have this information you must have the appropriate blood test.

The test for Hepatitis B will indicate whether:

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

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

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

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

Please note that before you sit the Technician Examination you will be required to provide to the Dental Council 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 IANZ laboratory or an overseas laboratory accredited by an accreditation authority that is party to an MRA with IANZ. The report must be not less than 6 months old at the time of receipt by the Dental Council.

c) Convictions

If you have been convicted of an offence in any overseas country or New Zealand please provide a copy of your conviction notice/s.

d) Conduct/Character

You must provide details of any professional disciplinary proceedings taken against you – currently and in the past.

10. Competence to Practise

Disclosure of information about your competence to practise is required to enable the DCNZ to carry out its principal purpose of protecting the health and safety of members of the public and ensure you satisfy the statutory requirements for registration under the HPCA.

You must provide details of any competence inquiries, conditions on your employment or registration and termination or suspension of registration or employment.

11. Confidentiality

Any correspondence with you concerning responses to the sections on fitness or competence to practise will be sent to you in envelopes marked "Private and confidential." You may wish to nominate an alternative address for correspondence on any fitness or competence issues.

12. Payment

You may pay by cheque or credit card. If you are paying by cheque, please note that cheques must be payable to the Dental Council of New Zealand and be drawn on a New Zealand trading bank.

13. Statutory declaration

The information you give in this application is covered by the statutory declaration. We ask all applicants to complete the application carefully and honestly. If you provide false or misleading information the Dental Council can cancel your registration.

Please make your declaration before a person authorised in your country to administer an oath for the purpose of statutory proceedings

Please also ensure that you have your application, three recent passport sized photographs and supporting documentation signed and certified by this 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 overseas countries statutory declarations can be made before a Judge or a notary public.

Links to other documents referenced above

This document contains links to documents stored on the Dental Council website. For the benefit of any person reading this as a printed document, the links are shown below.

Scopes of Practice:

<http://www.dcnz.org.nz/dcScopesOfPractice>

Timetable for NZDNREX examinations:

<http://www.dcnz.org.nz/dcExaminationsTimetable>

Policy on English competence:

http://www.dcnz.org.nz/Documents/Policy/DCNZPolicy_EnglishCompetence.pdf

Fees Schedule:

<http://www.dcnz.org.nz/dcScheduleFees>

Checklist

Please ensure that you include all the supporting documentation with your application. Failure to provide all the necessary documentation could lead to delays in processing your application.

Please use the checklist below to make sure you have enclosed all the documents and fees we require.

Please arrange for:

- A Certificate of Good Standing (no older than three months) to be sent directly to the Dental Council from the registration board in every place (excluding New Zealand) you have worked in the last 7 years.
- Your English tests results to be sent directly from the examining body to the Dental Council

Please include with this application:

- Three passport sized recent photographs
- Certified copies of your degrees, diplomas and other qualifications (If your certificates are not written in English please also include an official English translation of your certificates with your application)
- Certified copies of academic transcript/ statement of marks/record of study for each of your qualifications
- Certified copy of the personal details pages of your passport
- Curriculum Vitae
- The correct fees (*please refer to the fees schedule for appropriate fees*)

And if relevant:

- Certified evidence of change of name (if you have changed your name)
- Details on any mental or physical condition or impairment
- Conviction notice/s
- Details of any professional disciplinary proceedings
- Details of any competence inquiries, conditions on employment or registration and termination or suspension of registration or employment

Please return this completed form, with the correct fee, to:

**The Registration Co-ordinator
The Dental Council of New Zealand
PO Box 10-448
Wellington
New Zealand**

Phone (04) 499 4820

Fax (04) 499 1668

Email inquiries@dcnz.org.nz

REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM AND ALL ACCOMPANYING DOCUMENTS
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DCNZ
**Dental Council
of New Zealand**

 Te Kaunihera Tiaki
Nihō o Aotearoa

Form NE001:
**Application for enrolment
in the New Zealand Dental Technician
Registration Examination**

 Attach 3 passport
photos here

Notes:

- Please print all answers clearly.
- Applications will not be processed unless completed in full and accompanied by the required documents and fees
- This application is to be used by candidates applying to enrol in the New Zealand Dental Technician Registration Examination for the first time and who have not previously applied for registration as a dental technician.
- If you have previously applied for registration as a dental technician or previously enrolled to sit the New Zealand Dental Registration Examination you should complete FormNE002.

Dental Technician Examination Date *(See Note 1)*

Requested Examination date: _____

Name *(See Note 2)*

Given Names

Family Name

Other Names

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

 Marriage

 Deed Poll

 Common Use

 Other (explain)

Identification *(See Note 2)*

Birthplace (including country)

Date of Birth (day, month, year)

Gender (please tick)

 Male

 Female

Please provide certified copies from the relevant identification pages of your passport
Contact Details *(See Note 3)*

Postal Address:

Alternative contact address

Phone

Phone

Fax

Fax

Email

Email

Previous registration applications (see Note 4)

Have you previously applied for registration with the Dental Council or to sit any New Zealand dental technician registration examinations?

(please tick) Yes No

If yes, please give details of the date of application and registration/ application/ candidate number if applicable:

Dental Technician Qualifications (see Note 5) - Please give details of your dental technician qualifications.

Name of Qualification and Abbreviation	University or College	Year Awarded	Duration of course	Full or Part Time	Dates Attended

Current and Previous Registrations (See Note 6)

Please give details of current and previous Dental Technician Registration in other countries and arrange for a certificate of good standing to be sent directly to the Council from the registration board in every country you have worked as an oral health practitioner in the past 7 years.

Country/State	Date Registered	Registration Status (including branch of dentistry registered in)

Practice Experience (See Note 7) Please provide details of post-graduate dental technician work experience (full or part time)

Details	Location	Dates

Current Employment (See Note 7)

Please provide details of your current employment including job title, employer and start date

Job Title	Employer	Start Date

Immigration Status (See Note 8)

Present immigration status in New Zealand (Please provide proof)

- Visitor (Work Visa) Applicant for residence
 Resident Refugee
 Citizen No status

Do you intend to reside and practice in New Zealand? (please tick) Yes No

Competence in English (See Note 9 a)

Is English your first language (i.e. spoken from birth)? (Please tick) Yes No

Was your undergraduate dental training completed in English, with English being the sole language of instruction and assessment and in a country where English is the first and prime language? (Please tick) Yes No

Within the past two years have you passed an approved English test to the required level? Yes No

If yes, please arrange for a copy of your English test result to be sent directly from the examination body to the Dental Council.

Mental & Physical Condition (See Note 9 b)

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).

(Please tick) Yes No

If yes, please provide 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.

Are you aware of your current Hepatitis B & C status?

If yes please record your current Hepatitis B & C.....

Convictions (See Note 9 c)

Have you ever been convicted by any court in any overseas country or New Zealand? (Please tick) Yes No

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

Conduct / Character (See Note 9 d)

Are you now (or have you ever been) the subject of an investigation by an employer or registration or professional body or educational institution in respect of any matter that was or may be the subject of a of professional disciplinary proceedings? (Please tick) Yes No

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

Professional competence (See Note 10)

Are you now (or have you ever been) the subject of competence enquiry by an employer or registration body? (Please tick) Yes No

Have you now (or have you ever had) conditions on your registration or employment? (Please tick) Yes No

Have you ever had your employment or registration terminated or suspended? (Please tick) Yes No

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

Payment (See Note 12)

Cheque (*)

Credit card (provide details below):

Type of Card: Name on Card: Expiry date

Card No: Amount NZ\$: Signature

(*) cheques must be payable to the Dental Council of New Zealand and be drawn on a New Zealand trading bank

Statutory Declaration (See Note 13)

I solemnly and sincerely declare that I am the person named in the attached documents, and that the information I have given above 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 HPCA 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.

Jurat Stamp

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 of New Zealand is necessary before I am permitted to practise in New Zealand.

I understand that under the Health Practitioners Competence Assurance Act, my registration may be cancelled if I make a false or misleading representation or declaration (whether oral or written) or I was not entitled to be registered.

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 _____ in the year of _____

In the presence of: _____

Title

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

Verification of Identity (See Note 13)

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 three recent passport sized photographs 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 three attached photographs 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

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

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