

**APPLICATION FOR REGISTRATION
IN NEW ZEALAND FOR HOLDERS OF:**

1. TRANS TASMAN MUTUAL RECOGNITION; or
2. NEW ZEALAND DENTAL REGISTRATION EXAMINATIONS; OR
3. OVERSEAS APPLICANT WITH PRESCRIBED QUALIFICATION; or
4. NON PRESCRIBED QUALIFICATIONS UNDER S15(2) OF THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003

THIS FORM IS VALID UNTIL 31 MARCH 2011

- Please print all answers clearly.
- Please attach a copy of your **registration eligibility letter** to this application.
- **Incomplete applications 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)		
Identification: Please attach certified copies of the identification pages of your passport to confirm your identity. If you are a New Zealand citizen, you may substitute a certified copy of your New Zealand driver's license in place of the identification pages of your passport.		
Birthplace (including country)	Date of birth (day, month, year)	
Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female		
New Zealand Dental Examination Applicants (if applicable)		
Please provide your candidate number		

Contact Details		
You are required by law to advise the Council of your postal, residential and if applicable, your practice address. All written communications will be sent to your postal address.		
Postal address	Residential address (if different from your postal address)	New Zealand practice address (if known)
Phone	Phone	Phone
Mobile	Mobile	Mobile
Fax	Fax	Fax
Email	Email	Email

Scopes of Practice

Please select the scope of practice and any additional scopes of practice that you **hold a prescribed qualification for**, and in turn are seeking **registration in**. (To confirm that you hold a prescribed qualification please refer to the Dental Council website: <http://www.dcnz.org.nz/dcScopesOfPractice>)

General Dental

Dental Specialist

- | | |
|---|---|
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral and Maxillofacial Surgery |
| <input type="checkbox"/> Oral Medicine | <input type="checkbox"/> Oral Pathology |
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Orthodontic |
| <input type="checkbox"/> Paediatric Dentistry | <input type="checkbox"/> Periodontic |
| <input type="checkbox"/> Prosthodontic | <input type="checkbox"/> Public Health Dentistry |
| <input type="checkbox"/> Restorative | <input type="checkbox"/> Special Needs Dentistry |

General Dental Hygiene

- | | |
|---|---|
| <input type="checkbox"/> Local Anesthetic in Dental Hygiene | <input type="checkbox"/> Orthodontic Procedures in Dental Hygiene |
| <input type="checkbox"/> Intra Oral Radiography | <input type="checkbox"/> Extra Oral Radiography |

Orthodontic Auxiliary

General Dental Therapy

- | | |
|--|---|
| <input type="checkbox"/> Pulpotomies in Dental Therapy | <input type="checkbox"/> Stainless Steel Crowns in Dental Therapy |
| <input type="checkbox"/> Radiography in Dental Therapy | <input type="checkbox"/> Diagnostic Radiography in Dental Therapy |

Dental Technology

Clinical Dental Technology

- | |
|--|
| <input type="checkbox"/> Implant Overdentures in Dental Technology |
|--|

Dental Register

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

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

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

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

- | | | | |
|--|---------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes (please specify): | <input type="checkbox"/> Postal | <input type="checkbox"/> Practice | <input type="checkbox"/> Residential |
| <input type="checkbox"/> No, do not publish my details | | | |

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

- | | | | |
|--|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Yes (please specify): | <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Fax |
| <input type="checkbox"/> No, do not publish my details | | | |

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 practice 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

New Zealand Conditions of Practice – Applicable to Overseas Qualified Practitioners

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

http://www.dcnz.org.nz/Documents/DCNZ_ConditionsOfPracticeHandbook.pdf

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

Supporting documentation required

Please ensure that the Council has current copies of the required documentation.

	Trans Tasman Mutual Recognition Applicants	NZ Dental Examination applicants	Overseas applicants with prescribed qualifications	Non prescribed qualification applicants (s15(2))
Certificates of Good Standing from relevant Boards/Council's (not older than 3 months)	N/A	Yes	N/A	N/A
Certified copy of your English Language test results (not older than 2 years)	N/A	Yes	N/A	Yes
Copies of any your successful clinical examination results	N/A	Yes	N/A	N/A
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)	N/A	Yes	N/A	Yes
Certified copy of your registration certificate (if previously submitted copy has expired)	N/A	Yes	N/A	Yes
Any other documentation requested under the Fitness to Practice section when answered "yes"	Yes	Yes	Yes	Yes

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

Payment

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

Type of Card	VISA / MASTERCARD (ONLY)		
Name on Card			
Expiry date			
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fees	Registration	All	\$357.78 <input checked="" type="checkbox"/>
Upon registration each candidate must choose one of the following options (APC or Retention) and will be charged accordingly:			
Fees	Annual Practising Certificate (APC)	Dentist & Dental Specialist	\$764.62 <input type="checkbox"/>
		Dental Hygienist	\$472.27 <input type="checkbox"/>
		Dental Therapist	\$573.47 <input type="checkbox"/>
		Orthodontic Auxiliary	\$343.47 <input type="checkbox"/>
		Dental Technician	\$752.35 <input type="checkbox"/>
		Clinical Dental Technician	\$908.75 <input type="checkbox"/>
	Retention	Dentist , Dental Specialist , Hygienist, Therapist, Orthodontic Auxiliary, Technician, & Clinical Technician	\$110.40 <input type="checkbox"/>
Signature			

Statutory Declaration

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

Your declaration must be made before a person authorised in your country to administer an oath for the purpose of statutory proceedings.

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

Jurat Stamp

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

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

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

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

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

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

I solemnly and sincerely declare that I have read and understood the New Zealand Conditions of Practice handbook.

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

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

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

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