

## APPLICATION FOR REMOVAL OF AN EXCLUSION ON THE REGISTERED SCOPE OF PRACTICE

**THIS FORM IS ONLY VALID FROM 22 JUNE 2011**

**Attach 1** certified passport photo here.

- This application is to be used by registered practitioners intending to remove any exclusion on their respective scope of practice after the appropriate training. For a list of Dental Council approved courses please visit our website [www.dcnz.org.nz](http://www.dcnz.org.nz)
- Please print all answers clearly.
- Please submit **all** supporting documents with your application. **Incomplete applications will be returned.**

<b>Dental Council Registration Number</b>	
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<b>Name</b>		
Given names	Family name	
Other names	Title	
If your name differs from any previous Dental Council documentation or from those displayed on your dental qualification, and you haven't previously submitted the supporting documentation, please tick box to show reason, and <b>attach</b> evidence.		
<input type="checkbox"/> Marriage <input type="checkbox"/> Deed Poll <input type="checkbox"/> Common Use <input type="checkbox"/> Other (explain)		

<b>Exclusions associated with the respective Scopes of Practice</b>	
Please select the area(s) of exclusion(s) you are applying to have removed	
<b>Dental Hygiene</b>	
<input type="checkbox"/> Local Anesthetic	<input type="checkbox"/> Orthodontic Procedures
<input type="checkbox"/> Intra-oral Radiography	<input type="checkbox"/> Extra-oral Radiography
<b>Dental Therapy</b>	
<input type="checkbox"/> Pulpotomies	<input type="checkbox"/> Stainless Steel Crowns
<input type="checkbox"/> Radiography	<input type="checkbox"/> Diagnostic Radiography

<b>Identification</b>	
Please <b>attach</b> 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. <b>Please note</b> that all documentation where identification verification is required should be <b>certified by the same person</b> , 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 (p3) and the statutory declaration section of this form (p4).	
Birthplace (including country)	Date of birth (day, month, year)
Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	

### 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
Phone	Phone	Phone
Mobile	Mobile	Mobile
Fax	Fax	Fax
Email	Email	Email

### Dental Qualifications and Training

- (a) If the qualification upon which you are basing your application is a **Dental Council approved course**, as published on the Dental Council website, then **attach a certified** copy of the course certificate(s).
- (b) If the qualification upon which you are basing your application is **NOT** a Dental Council approved course and you are using your **original primary dental qualification** as the basis of your application, please provide the following details by **attaching certified** copies of:
- the diploma, degree certificate
  - academic transcript/statement of marks/record of study
  - course content/prescription/syllabus material such as:
    - the full curriculum outline leading to the award of the qualification/certificate (current at the time of the award)
    - details of the duration of training (whole time equivalent) leading to the award of this qualification
    - details of the mode(s) of assessment for this qualification, e.g. examination and clinical assessment.
- (c) If the qualification upon which you are basing your application is **NOT** a Dental Council approved course and you are using an **additional course in one of these areas** as the basis of your application, please provide the following details by **attaching certified** copies of:
- the course certificate; and
  - course content/ material such as:
    - course outline leading to the award of the certificate (current at the time of the award)
    - details of the duration of training (whole time equivalent) leading to the award of this course
    - details of the mode(s) of assessment for this course, e.g. examination and clinical assessment.

If the documentation is not in English, you must provide a full translation. The translation must be prepared and certified by an official translation service.

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

**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	<b>VISA / MASTERCARD (ONLY)</b>																					
Name on Card																						
Expiry date																						
Card number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Amount <b>NZ\$</b>	Application for removal of an exclusion(s) on the scope of practice after completion of a Dental Council approved course	<b>NZ\$ 196.86</b>																				
	Application for removal of an exclusion(s) on the scope of practice after completion of a course not approved by the Dental Council	<b>NZ\$ 363.32</b>																				
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 (p3) and the statutory declaration section of this form (p4).

### 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 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 (p3) and the statutory declaration section of this form (p4).

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