

### Introduction

If your entry on the Dental Register has been removed, you may apply to have your entry restored. The Dental Council will normally restore the entry as long as you are fit to practise and are not subject to any disciplinary proceedings or to an order from the Health Practitioners Disciplinary Tribunal that your registration be cancelled.

If you wish to practise immediately upon restoration to the Register you should also complete an Annual Practising Certificate (APC) application form and forward this to the Council. Before issuing an APC the Council will need to be satisfied that you are competent to practise.

### Fitness for Registration Requirements

Before your registration can be restored the Council will need to establish that you have met 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
- 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.
- will not endanger the health and safety of the public; and

### Competence for Registration Requirements

In order to practise upon restoration to the Dental Register you must hold an APC. If you are applying for an APC the Council will also need to establish that you are competent to practise and meet the Sn 27 requirements for the issue of an APC. Sn 27 requires that any application from a practitioner which falls within the following criteria must be submitted to the Council for individual consideration:

- the applicant has, at any time, failed to maintain the required standard of competence
- the applicant has failed to fulfil, or has failed to comply with, a condition included in the applicant's scope of practice; or
- the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the authority to compete; or
- the applicant has not held an annual practising certificate of a kind sought by the application within the 3 years immediately preceding the date of the application; or
- the applicant is unable to perform the functions required for the applicant's profession because of some mental or physical condition; or
- the applicant has not, within the 3 years immediately preceding the date of application, lawfully practised the profession to which the application relates

If any of these situations apply to you the Council will consider:

- the extent and recency of your practise
- evidence of appropriate continuing professional development within the last 3 years
- whether or not you have been subject to any competence enquiry, conditions on your practice or termination or restrictions on your registration or employment

### Restoration Process

Your application will be acknowledged when it is received. If you have held an APC in New Zealand within the last 3 years and you satisfy the HPCA Sn 16 fitness to practise requirements your application will be processed within a week of receipt. If you have not held an APC within last 3 years any accompanying APC application will need to be considered by the appropriate work force board and you should allow up to 8 weeks for this process.

### 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. The current fee is shown on the Dental Council website ([www.dcnz.org.nz](http://www.dcnz.org.nz)).

## Guidance Notes for Completing the Application for Restoration Form

### 1. Personal Details and Identification

Please show names that appeared on the Dental Register prior to your registration lapsing. If your name differs from those on previously recorded on the Dental Register, please attach certified <sup>1</sup> evidence of the name change (e.g. marriage certificate).

### 2. Contact Details

The HPCA Act 2003 requires you to provide the Dental Council with your current postal, residential and practice addresses. Please provide your mailing address and residential address together with your telephone/ fax numbers and an email address. If you know your proposed New Zealand practice address please also provide details of this. You must notify the Council promptly of any change in your postal, residential or practice address. All written communications will be sent to your postal address.

### 3. Previous registration with Dental Council of New Zealand

Please record your registration number.

### 4. Fitness to Practise

This section asks for information about your health and any investigations or findings, in relation to your competence or conduct since your registration lapsed.

You are required to disclose any investigations, which could lead to disciplinary action, or any disciplinary actions taken by an employer, licensing body or professional body in New Zealand or overseas

Please arrange for a Certificate of Good Standing (no older than three months) to be sent directly to the Dental Council from every registration board (excluding the Dental Council of New Zealand) you have been registered with since your registration with the Dental Council lapsed.

### 5. Confidentiality

Any correspondence with you concerning responses to the sections on fitness 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.

### 6. 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.

### 7. 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 to administer an oath for the purpose of statutory proceedings

Please also ensure that you have your application and any 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.

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<sup>1</sup> 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 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.

## 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 every registration board (excluding the Dental Council of New Zealand) you have been registered with since your registration with the Dental Council lapsed

### **Practice Experience**

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

- your relevant work experience since you were last on the Register and current employment details;
- the extent of your clinical experience in the range of tasks delineated in the general dental scope of practice; and
- the continuing professional development you have undertaken in the past three years.

### **Please include with this application:**

The fee for this application. The current fee is shown on the Dental Council website ([www.dcnz.org.nz](http://www.dcnz.org.nz)).

### **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
- Annual Practising Application form and fee (if you wish to practise immediately upon restoration to the register)

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

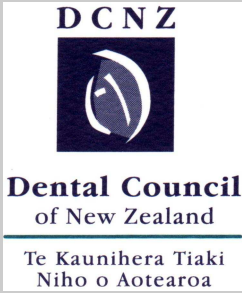
**The Registration Coordinator  
The Dental Council of New Zealand  
PO Box 10-448  
Wellington  
New Zealand**

**Phone (04) 499 4820**

**Fax (04) 499 1668**

**Email [inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz)**

<b>Remember to keep copies of your application form and all accompanying documents</b>
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## Form RR001: Application for Restoration to the Dental Register

**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 applicants whose entry on the Dental Register has been removed and who now wish to have this restored
- Applicants who wish to practise immediately upon restoration to the Dental Register must also submit an application for an annual practising certificate

<b>Name</b> <i>(See Note 1)</i>	
<b>Given Names</b>	<b>Family Name</b>
<b>Other Names</b>	
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)	

<b>Identification</b> <i>(See Note 1)</i>	
<b>Birthplace</b> (including country)	<b>Date of Birth</b> (day, month, year)
<b>Gender</b> (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please provide certified copies from the relevant identification pages of your passport	

<b>Contact Details</b> <i>(See Note 2)</i>	
<b>Mailing Address:</b>	<b>New Zealand Practice Address (if known):</b>
<b>Phone</b>	<b>Phone</b>
<b>Fax</b>	<b>Fax</b>
<b>Email</b>	<b>Email</b>
<b>Residential Address (if different from mailing address):</b>	

**Previous registration** (see Note 3)

Please record your registration number:

**Current and Previous Registrations (Outside NZ)** (See Note 4)

Please give details of current and previous dental registrations (including specialist registrations) in other countries and arrange for a certificate of good standing to be sent directly to the Council from every registration board (excluding the Dental Council of New Zealand) you have been registered with since your registration with the Council lapsed.

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

**Fitness to Practice** (see note 4 and 5)

Please arrange for a certificate of good standing to be sent directly to the Dental Council from every registration board (excluding the Dental Council of NZ) you have been registered with since your registration with the Dental Council lapsed.

If you answer 'Yes' to any of the questions below, include in an envelope marked 'strictly confidential':

- Certified copies of relevant findings or decisions, orders, reports, conviction notices, endorsements on registration or practising certificates.
- Details, including relevant medical reports, of neurological, psychiatric or addictive (drugs or alcohol) conditions (including physical deterioration due to injury, disease or degeneration) which could affect ability to perform duties.

Tick either 'Yes' or 'No' to ALL of these questions.

Since you were last registered in New Zealand, have you been subject to:

- a) Any investigations, in New Zealand or overseas, relating to any matter that may be the subject of professional disciplinary proceedings?  
 Yes  No
- b) A formal competence enquiry or a restriction or withdrawal on your credentials based on your clinical performance.  
 Yes  No
- c) An adverse finding in any disciplinary action.  
 Yes  No
- d) A police investigation or a guilty finding in any criminal proceeding (including traffic offences involving alcohol and drugs)  
 Yes  No
- e) Any continuing addictive, mental or physical condition with the potential to affect your fitness to practise dentistry  
 Yes  No

**Payment** (See Note 6)

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 7)

Jurat Stamp

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.

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 dentistry 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 law to administer an oath for the purpose of a judicial proceeding)