Application for registration in New Zealand for holders of New Zealand qualifications

September 2017

- This application is to be used by holders of prescribed New Zealand qualifications who are seeking eligibility to apply for registration in New Zealand. (This form is not for New Zealand Dental Registration Examination candidates)
- The information and fees contained in this form are correct as at the above date. Please note fees are subject to change – you can check the current fee schedule on our website at www.dcnz.org.nz/resources-and-publications/resources/fees
- Please print all answers clearly.
- Please submit all supporting documents with your application. Incomplete applications will be returned.

Name	
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 **attach** evidence.

☐ Marriage ☐ Deed poll ☐ Common use ☐ Other (explain)

Scopes of practice

Please select the scope of practice and any additional scopes of practice which you are seeking registration in.

☐ **General dental**

☐ **Dental specialist**

- ☐ Endodontics
- ☐ Oral medicine
- ☐ Oral surgery
- ☐ Paediatric dentistry
- ☐ Prosthodontic
- ☐ Restorative
- ☐ Oral and maxillofacial surgery
- ☐ Oral pathology
- ☐ Orthodontic
- ☐ Periodontic
- ☐ Public health dentistry
- ☐ Special needs dentistry

☐ **Dental hygiene**

☐ **Orthodontic auxiliary**

☐ **Dental therapy**

- ☐ Adult care

☐ **Dental technology**

☐ **Clinical dental technology**

- ☐ Implant overdentures in dental technology

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T: +64 4 499 4820 I F: +64 4 499 1668 I E: inquiries@dcnz.org.nz

Contact details

Section 140 of the Health Practitioners Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if relevant, practice addresses. 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)
Street	Street	Street
Suburb	Suburb	Suburb
City	City	City
Postcode	Postcode	Postcode
Country	Country	Country
Phone	**Phone**	**Phone**
Mobile	**Mobile**	**Mobile**
Fax	**Fax**	**Fax**
Email	**Email**	**Email**

Previous registration applications

Have you previously applied for registration with the Dental Council?

☐ Yes ☐ No

First dental qualification

Please provide details of your primary dental qualification upon which you are basing your registration application and **attach** a certified copy of your diploma or degree certificate.

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

Post-graduate qualifications

Please provide details of your post-graduate qualifications upon which you are basing your registration application (if applicable) and **attach** a certified copy of your diploma or degree certificate.

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

Licensing examinations

Please provide details of any relevant licensing or registration examinations you have sat. Please attach a certified copy of your national and/or state licence if applicable.

Country	Examination	Exam date	Result

Current and past registrations

Please provide details of your current and past dental registrations (including specialist registrations) in other countries and **attach**:

- a certified copy of your registration certificate(s)
- **original** certificates of good standing (no older than three months) from relevant boards/councils where registration is, or has been, held in the last seven years.

Country/state	Date registered	Registration status (including branch of dentistry registered in)

Training/continuing professional development activities

In determining whether you are competent to practise in New Zealand, the Dental Council will consider amongst other things, the extent and recency of your practise and whether or not you have completed appropriate continuing professional development (CPD) over the last three years. Under sections 27 and 29 of the Act a practising certificate cannot be issued to a practitioner who had not held one in the past three years unless the Council is satisfied that the applicant meets the required standard of competence. In the sections below, please provide details of post-graduate dental training and continuing professional development activities, which you have completed and are relevant to the scope(s) of practice you are applying for.

Name of course	Course provider	Date

Practice experience

Please **attach** a copy of your curriculum vitae with your application, ensuring that it provides full details of:

- your relevant work experience and current employment;
- the extent of your clinical experience in the range of tasks delineated in the general scope of practice in which you are seeking registration; and
- the CPD you have undertaken in the past three years.

Please provide details of your post-graduate dental work experience (full/part time).

Details	Location	Date

Professional referees

You must arrange for three **professional** references (with at least one referee being your current or most recent employer or clinical supervisor from the last location you worked at as an oral health professional and another from a clinical peer registered in the scope of practice that you want to apply for registration) to be forwarded **directly from the referee** to the Dental Council. The reference must be completed using the Dental Council standard referee report form which can be downloaded at: http://www.dcnz.org.nz/assets/Uploads/Forms/Registration-forms/Referee-report.pdf

Please note the Dental Council will not accept references that have been completed by family members or personal acquaintances.

Name	Employer/clinical supervisor
Name	Clinical peer
Name	Relationship to applicant

Conduct/character

Are you now, or have you ever been, the subject of an investigation by an employer, a registration or professional body or educational institution in respect of any matter that was, or may be, the subject of professional disciplinary proceedings?

☐ Yes ☐ No

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

Convictions

Have you ever been convicted of an offence punishable by imprisonment for a term of three months or longer by any Court in New Zealand or any other country?

☐ Yes ☐ No

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

Mental and physical condition

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

Transmissible major viral infections (TMVI)

Please **attach** an original typed and signed laboratory report on your serological status as related to the viruses listed below:

- Human immunodeficiency virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HCV).

The laboratory report must include the following:

- Serological test results for HIV (HIV antibody and HIV antigen), and
- Serological test results for HCV (Hepatitis C antibody), and
- Serological test results for HBV (HBV surface antigen and HBV surface antibody) OR evidence of immunity to HBV (Absence of HBV antigen, and HBV antibodies > 10IU/L) by way of an original typed and signed report which includes serological test results for HBV, from a laboratory as listed below.

You must ensure that the test request form includes a request for your identity to be verified against your passport photograph, in the "clinical details" section, and your passport number is recorded on the form.

The report must be from one of the laboratories listed below:

- A New Zealand registered International Accreditation New Zealand (IANZ) laboratory
- An overseas laboratory which is party to a mutual recognition arrangement with the IANZ
- A laboratory registered to provide services for New Zealand Immigration.

Please note that the report must be less than **three months** old at the time of receipt. The only exception to this is that past evidence of hepatitis B immunity (absence of surface antigen with a surface antibody of ≥ 10 IU/L), from a laboratory listed above, will be accepted.

If you have a positive test result, your application will be referred to the Council's TMVI Panel. The panel will request further testing to inform its recommendation to the Council about your fitness to register as an oral health practitioner in New Zealand. The Council will decide on your eligibility for registration.

All registered oral health practitioners must comply with the obligations set in the Council's transmissible major viral infections (TMVI) practice standard available on our website at http://dcnz.org.nz/i-practise-in-new-zealand/standards-framework/

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).

☐ Yes ☐ No

If yes, please **attach** 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.

I confirm I have **attached** my current laboratory report to this application? (Please note your application cannot progress without this document).

☐ Yes ☐ No

Professional competence

Disclosure of information concerning your competence to practice is required to enable the Council to carry out its principal purpose of 'protecting the health and safety of members of the public' and to ensure you satisfy the statutory requirements for registration.

You must provide details of any competence inquiries, conditions on your employment or registration; and termination or suspension of registration or employment. Any correspondence with you concerning your responses to the sections on fitness or competence to practice 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.

Are you now, or have you ever been, the subject of competence enquiry by an employer, a registration or professional body or educational institution in respect of any matter that was, or may be, the subject of professional disciplinary proceedings?

☐ Yes ☐ No

Have you now, or have you ever had any conditions on your registration or employment?

☐ Yes ☐ No

Have you ever had your employment or registration terminated or suspended?

☐ Yes ☐ No

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

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?

☐ Yes (please specify): ☐ Postal ☐ Practice ☐ Residential

☐ No, do not publish my details

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

☐ Yes (please specify): ☐ Email and/or ☐ Phone and/or ☐ Fax

☐ No, do not publish my details

Please note that all documentation where identification verification is required must be **certified by the same person,** as authorised to take your statutory declaration and listed in the authorised witness list on page 8 of this form. Identification documentation includes your passport photo, copies of your identification pages, *verification of identity* and *statutory declaration* sections of this form.

Identification

Please **attach** certified copies of the identification pages of your current passport, including the signature page, to confirm your identity. If you are a New Zealand citizen, you may substitute a certified copy of your current New Zealand driver's licence in place of the identification pages of your passport.

Please note if a certified copy of your identification has not been provided with this form, or the form of identification provided has expired, your application will be returned as incomplete.

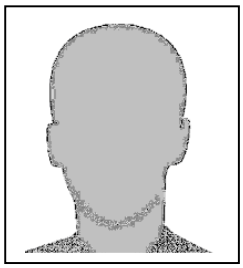
Birthplace (including country)	Date of birth (day, month, year)
Gender (please tick) ☐ Male ☐ Female	

Certified photograph

When submitting your application for registration you are required to provide with your application one certified colour passport-size photograph of yourself for the purpose of identification. The photograph must not be older than three months. **Please note** that applications that do not include a properly certified photograph will be returned as incomplete.

Certification on the reverse side of the photograph must include: the signature of the certifying officer, clearly printed full name of the certifying officer, and the date. The following statement must also be included: "I certify that this is a true likeness of [*applicant's full name]*." (See below)

FRONT



BACK

I certify that this is a true likeness of [*applicant's full name].*

*[Signature of certifying officer **and** printed full name of certifying officer]*

[Date]

Attach 1 certified passport photo here.

Verification of identity (to be completed by the **same** person taking your statutory declaration on page 8)

I _____(full name) confirm that I have compared the attached one recent passport sized photograph of the applicant and the photograph in the applicant's identification document, being-

Identification type (select one):

- ☐ Passport no……
- ☐ New Zealand driver's licence no……..

Date of expiry _____/_____/_____
Day Month Year

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 identification 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.

Signed _____ Date _____/_____/_____
Day Month Year

Title _____

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 your application may be declined or the Dental Council may cancel your registration. You may also, under the Health Practitioners Competence Assurance Act 2003, be liable on conviction to a fine of up to $10,000. **Applicants are cautioned to complete the application carefully and honestly.**

Your declaration must be made before an authorised witness from the list below. Please note authorised witnesses may differ depending upon the country in which your declaration is made.

I SOLEMNLY AND SINCERELY DECLARE THAT:

1. I am the person named in the attached documents, and the information I have provided in this application form is true and correct.
2. I understand the information I have provided is to be used by the Dental Council and its agents for the purpose of considering my application and such information may be disclosed to agents of the Council for such purpose.
3. I understand the Council may seek further information from me, or any person or organisation, concerning this application and I consent to the collection. I understand 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 I 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.
4. I understand I am entitled to access the information held by the Council regarding this application by a request in writing and I may request the correction of any incorrect information.
5. I understand registration and a current annual practising certificate (APC) with the Dental Council is necessary before I am permitted to practise as an oral health professional in New Zealand.
6. 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.

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

Sign your declaration in front of an authorised witness from the list below.

Applicant's signature _____

Witness stamp

Declared at _____ on _____ / _____ / _____
Place Day Month Year

In the presence of

_____
Signature of authorised witness

_____
Authorised witnesses full name

Authorised witness:

Please select your witness title from the list below. Authorised witnesses may differ depending on where the statutory declaration is made: in New Zealand, another Commonwealth country, or a non-Commonwealth country.

In New Zealand

- ☐ Enrolled barrister and solicitor of the High Court of NZ
- ☐ Justice of the Peace
- ☐ Notary Public
- ☐ Court Registrar or Deputy Registrar
- ☐ Member of Parliament

In other Commonwealth countries

- ☐ Solicitor of the High Court of New Zealand
- ☐ Justice of the Peace
- ☐ Notary Public
- ☐ Judge
- ☐ Commissioner of Oaths
- ☐ Commonwealth representative
- ☐ Other person authorised by the law of your country to administer an oath there for the purpose of a judicial proceeding). Please specify title:

  ……

In non-Commonwealth countries

- ☐ Solicitor of the High Court of New Zealand
- ☐ Notary Public
- ☐ Judge
- ☐ Commonwealth representative

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	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Fees (all fees are in $NZ and include GST of 15%)

PLEASE NOTE: If you already hold a current, New Zealand APC, your APC fee may differ slightly from the one listed below. Please contact inquiries@dcnz.govt.nz for more information.

Upon registration each candidate must choose one of the following options (APC or retention) and will be charged accordingly:

Fee A	**Registration**	All	☑ $ 535.45
Fee B	**APC (including disciplinary levy)**	Dentist & dental specialist	☐ $1201.15
		Dental hygienist & orthodontic auxiliary	☐ $ 641.60
		Dental therapist	☐ $ 713.08
		Dental technician & clinical dental technician	☐ $ 700.50
	Retention	All	☐ $ 126.68
Total amount payable (A & B)			
Cardholder signature			

Please remember to keep copies of your application form and all accompanying documents.

Please note that all incomplete applications will be returned to the applicant.