

Application for registration as an oral health practitioner in New Zealand by virtue of Trans-Tasman Mutual Recognition Act 1997

March 2018

Information for applicants

The Trans-Tasman Mutual Recognition Act 1997 recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country. This form is to be used by applicants seeking registration with the Dental Council as an oral health practitioner by virtue of the Trans-Tasman Mutual Recognition Act 1997.

- 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

The application process

- Post your application to the Dental Council at the address below together with the fee.
Dental Council
PO Box 10-448
Wellington 6143
New Zealand
- The Dental Council does not accept applications by email or facsimile.
- Please print all answers clearly, and submit all supporting documents with your application. Incomplete applications will be returned.
- Please remember to keep copies of your application form and all accompanying documents.
- The Dental Council will determine your application within one month of the date of receipt of a complete application. During that period you are deemed to be registered.
- You will be informed in writing of the outcome of your application. If your application is postponed or refused, or if conditions are imposed, you will be given reasons in writing.
- Please note that the Dental Council may postpone or refuse registration if any of the information provided is materially false or misleading, or if any of the required information or documentation has not been provided.
- All oral health practitioners must be registered with the Dental Council, and must hold a current annual practising certificate (APC), in order to be able to lawfully practise in New Zealand. Accordingly, if you wish to practise in New Zealand following registration, you need to apply and pay for an APC now (in addition to the registration fee).
- If your application is approved, you will be registered with the Dental Council and the Registrar will add your name to the public register of oral health practitioners. If you have applied and paid for an APC, you will be issued with an APC for the current practising year.

Name			
Given names	Family name		
Other names			
If names differ from those on your dental qualification, or on your Australian registration, 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)

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. The Dental Council sends the majority of communication by email. Physical mail 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

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

- | | |
|--|---|
| <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"/> Special needs dentistry | |

Dental hygiene¹

Dental therapy¹

Oral health therapy¹

Clinical dental technology

¹ You may have exclusions placed upon your practice, depending on your training and experience. Please see the Dental Council website www.dcnz.org.nz for more information.

Registration in Australia

Please provide details of your current registrations (including specialist registrations) in **Australia**.

State	Date registered	Registration status (including branch of dentistry registered in)

Conditions

Please specify any conditions to which you are subject in carrying out your occupation in Australia and **attach** supporting documentation (for example, if you are subject to an undertaking, please enclose a **certified copy** of the undertaking).

Condition	Date imposed	Reason for condition

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

Qualifications and current and past registrations

While information about your qualifications, and information about your current and past registrations in countries other than Australia, will not be used to determine your application under the Trans-Tasman Mutual Recognition Act 1997, it is important that the Dental Council has full information about your educational background and current and past registration status.

First dental qualification

Please provide details of your primary dental qualification 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

If you hold a post-graduate qualification please provide details of the qualification below 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

Current and past registrations

Please provide details of your current and past dental registrations (including specialist registrations) in countries **outside of Australia** and **attach** a certified copy of your registration certificate.

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

Mental and physical Condition

Do you currently suffer from any mental physical condition; impairment or addiction? If yes, please provide full details.

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.

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/>

I confirm I have **attached** my laboratory report to this application.

Yes

New Zealand Conditions of Practice – 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 Handbook, an online resource of the Dental Council prior to registration. <http://www.dcnz.org.nz/resources-and-publications/publications/new-zealand-conditions-of-practice-handbook/>

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 7 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

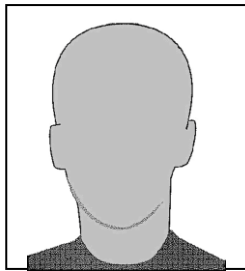
Female

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 7)

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 _____

Trans-Tasman Mutual Recognition Act 1997 – Section 19 Notice

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 have specified all of the states in Australia in which I have registration in an equivalent occupation, and I have specified those occupations.
2. I am not the subject of disciplinary proceedings in Australia.
3. I am not the subject of any preliminary investigations or action that may lead to disciplinary proceedings in Australia.
4. My registration in Australia has not been cancelled, nor is it currently suspended, as a result of disciplinary action.
5. I am not otherwise personally prohibited from practising in Australia, nor am I subject to any special conditions as a result of criminal, civil, or disciplinary proceedings.
6. I have specified all of the special conditions that apply to my practice (if any).
7. 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.
8. I authorise the Dental Council and its agents to make inquiries of and to exchange information with the relevant authorities in Australia for the purposes of considering this application.
9. I understand that if my application or documents submitted in support of my application are found to be forged, false or altered, my registration will be cancelled and the appropriate authorities notified.
10. I understand that my registration may be refused if I make a false or misleading representation or if I do not provide the required information.

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

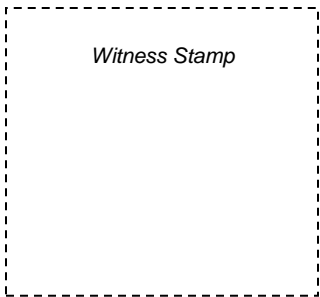
Sign your declaration in front of an authorised witness from the list below.

Applicant's signature _____

Witness Stamp

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

In the presence of



Authorised witnesses full name

Signature of authorised witness

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

Prescribed fee and payment

Credit card authorisation

Type of card	VISA / MASTERCARD (ONLY)			
Name on card				
Expiry date				
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount payable

Upon registration you will be issued with an annual practising certificate (APC) which entitles you to practise in New Zealand, please select the correct amount payable below, for your scope of practice, and your account will be charged accordingly

Cardholder signature	
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All oral health practitioners must be registered with the Dental Council, and must hold a current APC, in order to be able to lawfully practise in New Zealand. The fee for an APC depends upon the scope of practice in which you obtain registration. If a practitioner is registered with the Dental Council in more than one scope of practice, the practitioner is only required to pay one APC fee, this being the highest of the two fees. APCs are valid for a period of up to 12 months. In particular, the APC practising year for dentists and dental specialists is 1 October to 30 September each year, and the APC practising year for all other oral health practitioners is 1 April to 31 March each year.

The following gazetted fees are applicable and payable with this TTMR application:

Fees (all fees are in NZ\$ and include GST of 15%)	Fees payable before 31 March 2018	Total payable before 31 March 2018	Fees payable after 1 April 2018	Total payable after 1 April 2018
Dentist & dental specialist Application for registration and APC comprising: (a) Application for registration (b) APC fee (c) Disciplinary levy	NZ\$ 535.45 NZ\$1017.27 NZ\$ 183.88	<input type="checkbox"/> NZ\$ 1,736.60	NZ\$ 546.16 NZ\$1017.27 NZ\$ 183.88	<input type="checkbox"/> NZ\$ 1,747.31
Dental hygienists Application for registration and APC comprising: (a) Application for registration (b) APC fee (c) Disciplinary levy	NZ\$ 535.45 NZ\$ 641.60 NZ\$ (4.98)	<input type="checkbox"/> NZ\$ 1,172.07	NZ\$ 546.16 NZ\$ 702.58 NZ\$ 143.95	<input type="checkbox"/> NZ\$ 1,392.69
Dental therapists Application for registration and APC comprising: (a) Application for registration (b) APC fee (c) Disciplinary levy	NZ\$ 535.45 NZ\$ 713.08 NZ\$ (2.59)	<input type="checkbox"/> NZ\$ 1,245.94	NZ\$ 546.16 NZ\$ 810.29 NZ\$ 103.58	<input type="checkbox"/> NZ\$ 1,460.03
Oral health therapists Application for registration and APC comprising: (a) Application for registration (b) APC fee (1 November 2017-31 March 2018) (c) Disciplinary levy	NZ\$ 535.45 NZ\$ 237.69 NZ\$ 0	<input type="checkbox"/> NZ\$ 773.14	NZ\$ 546.16 NZ\$ 763.43 NZ\$ 177.32	<input type="checkbox"/> NZ\$ 1,486.91
Clinical dental technicians Application for registration and APC comprising: (a) Application for registration (b) APC fee (c) Disciplinary levy	NZ\$ 535.45 NZ\$ 700.50 NZ\$ (10.81)	<input type="checkbox"/> NZ\$ 1,225.14	NZ\$ 546.16 NZ\$ 733.96 NZ\$ 114.52	<input type="checkbox"/> NZ\$ 1,394.64

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.