

Supporting documents for registration applications

Important information

- When you apply for registration, you need to send us documents to support your application. You can upload some of these documents while you are completing your online form. However, you will need to send some other documents to our office by post. We also require some documents to be [certified as being a true copy of the original](#) by an authorised witness.
- Please note, we may not require all the documents listed in this guide – some documents will not apply to your application.
- If any of your documents are not in English, you will need to provide an English translation. The translation you give us must be prepared by an official translation agency.
- When we receive your application we will contact you to tell you which specific documents you need to send us, how to send them to us, and by when.

Submitting hardcopies of your documents

After you complete and submit your online application to us, and make your payment, we will contact you to let you know if we need further information from you. We will also tell you if you need to send hardcopies of any documents to us by post.

Do not submit your hardcopy documents until we ask you to do so.

You can send hardcopy documents by courier or post to the following address:

| If sending by courier: | If sending by post: |
|---|---|
| The Dental Council Level 7, 22 The Terrace Wellington 6011 NEW ZEALAND | The Dental Council PO Box 10-448 Wellington 6140 NEW ZEALAND |

Please include your full name when sending your documents to us. This will help us match your documents to your application.

If you have any questions, please [contact us](#).

Identification – please note, all identification must be certified by the same authorised witness

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|--|-----------------|------------------------------------|----------------------------|
| Passport sized photograph <i>Full colour (not black and white), and less than three months old.</i> | ✓ | ✓ | ✓ |
| The identification pages of your passport, including the page which contains your signature <i>Alternatively, you may provide a copy of your New Zealand Driver's License, including the side containing the expiration date.</i> | ✓ | ✓ | ✓ |
| Documentation which shows the changes to your name <i>Such as your marriage certificate, deed poll documentation, name change certificate.</i> | ✓ | ✓ | ✓ |

Qualification – not mandatory

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|--|-----------------|------------------------------------|----------------------------|
| The qualification certificate/s upon which you are basing your application | ✓ | ✓ | ✓ |
| Your internship completion certificate, where applicable | ✓ | ✓ | ✓ |
| Your academic transcript/statement of results for the qualification upon which you are basing your application | ✓ | ✓ | ✓ |

Health information

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|---|-----------------|------------------------------------|----------------------------|
| Laboratory Report <i>Hepatitis B surface antigen, Hepatitis B surface antibodies, Hepatitis C antibody, and HIV antigen and antibody. The Council's TMVI practice standard can be accessed here.</i> | ✓ | | |

Current and past registrations

| Document | Uploaded online | Certified by an authorised witness | Physical document required | Submitted by an outside source |
|---|-----------------|------------------------------------|----------------------------|--------------------------------|
| Registration certificates/National/State practice license from the Boards/Councils where you have held registration overseas | ✓ | ✓ | ✓ | |
| Certificates of good standing from the Boards/Councils where you have held registration overseas <i>These must be the original document, and be no more than three months old.</i> | ✓ | | ✓ | ✓ |

Fitness to practise

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|--|-----------------|------------------------------------|----------------------------|
| <p>Medical Report relating to mental or physical conditions affecting your fitness to practice</p> <p><i>This should include details of illness, duration of treatment, name and contact details of treating practitioner, involvement of teaching institution/employer.</i></p> | ✓ | | |
| <p>Information regarding investigations by an employer, a registration or professional body or educational institution</p> <p><i>Such as the reason for the investigation, action taken, and whether all requirements were met.</i></p> | ✓ | | |
| <p>Information regarding any conditions which have been placed on your registration</p> <p><i>Such as the reason for the conditions being placed, and whether all requirements were met to have the conditions removed.</i></p> | ✓ | | |
| <p>Information regarding any criminal convictions</p> <p><i>Such as a police record, summary of facts, sentencing notes.</i></p> | ✓ | | |
| <p>Information regarding competence enquiries</p> <p><i>Such as the reason for the enquiries, action taken, and whether all requirements were met.</i></p> | ✓ | | |