

Enrolment in the New Zealand dental registration examination: written examination

- This form is to be used by candidates applying to enrol in the New Zealand dental registration examinations.
- Please print all answers clearly.
- Please submit all supporting documents with your application. All certification must only be done by a person, as authorised by the law of your country of residence to administer an oath for the purpose of a judicial proceeding.
- Incomplete applications will not be accepted and will be returned.

SECTION A (TO BE COMPLETED BY ALL APPLICANTS)

Name

Given names

Family name

Other names

Title

If names differ from those on your dental qualification, please tick box to show reason, and **attach** certified evidence.

☐ Marriage

☐ Deed poll

☐ Common use

☐ Other (explain)

Examination details¹

Please indicate for which specific examination you are applying:

New Zealand Dental Hygiene Registration Examination (NZDHREX)

New Zealand Dental Specialist Registration Examination (NZDSREX)

New Zealand Dental Therapy Registration Examination (NZDTREX)

Specify specialty in which you are seeking the examination:

New Zealand Oral Health Therapy Registration Examination (NZOHTREX)

Previous examination applications

Have you previously attempted the written examination in New Zealand or Australia?

☐ Yes

☐ No

If yes, please provide your candidate number

If yes, please **attach** certified copies of your previous examination result notices

I consent for the Dental Council to seek information held by the Australian Dental Council on my examination attempts ☒ Yes

Contact details

Section 140 of the Health Practitioners Competence Assurance Act 2003 requires that practitioners keep the Dental Council informed of their current postal, residential and, if relevant, practice addresses. The Dental Council uses email for the majority of its communications. 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

Current employment

Please provide details of your current employment including job title, employer and start date

Job title	Employer	Start date

Current and past registrations

To be eligible to enrol in the written examination you must be registered as an oral health professional and provide a certified copy of the registration certificate, including **original** certificates of good standing from relevant boards/councils where your registration is, or has been held in the last seven years. Certificates of good standing must be no more than three months old.

Please provide details of your current and past dental registrations and **attach**:

- a certified copy of your registration certificate
- **original** certificates of good standing 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)

If you are already registered with the Dental Council (in New Zealand), please provide your registration number:

Competence in English

To be eligible to enrol in the written examination you must demonstrate the ability to communicate and comprehend English to a level sufficient to protect the health and safety of the public. You are deemed to have satisfied this requirement if you have passed a Dental Council-approved English Test to the required level. Please refer to the Dental Council's *Policy on English Competence and English Tests*.

The Dental Council-approved English language tests and required pass rates in these tests are:

International English Language Testing (IELTS):

Applicants are required to:

- a) sit the academic band; and
- b) gain an average score of 7.5 or more; and
- c) score at least 7 in each band of the four individual components of listening, reading, writing and speaking.

Occupational English Test (OET):

Applicants are required to:

- a) gain a pass with A or B grades in each of the four components

Results from the above mentioned language examinations must be obtained in one sitting. A pass in a Dental Council-approved English test is valid for two years for new applications or three years for those repeat registration examination candidates who can demonstrate, if required, that they have continuously lived and worked in a country where English is the first language.

Have you completed a Dental Council-approved English language test?

☐ Yes ☐ No

If yes, please **attach** a certified copy of your test results.

Fitness to practise

Please note that for registration in New Zealand you will need to meet all criteria including the fitness for registration requirements in accordance with section 16 of the Health Practitioners Competence Assurance Act 2003. If you have, or have had, any mental or physical, conduct or professional competence issues, these may create obstacles for your registration in New Zealand.

Answer **ALL** of these questions by ticking either "Yes" or "No". If you answer "Yes" please attach details

Have you been subject to whether in New Zealand or overseas:

- a) Any investigations or proceedings, relating to any matter that may be the subject of professional disciplinary proceedings? If yes, please provide evidence relating to the investigations or proceedings. ☐ Yes ☐ No
- b) A formal competence inquiry or a restriction or withdrawal of your credentials based on your clinical performance? ☐ Yes ☐ No
- c) Any adverse finding (such as employment or registration being suspended or terminated) in any disciplinary action? ☐ Yes ☐ No
- d) A police investigation and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of three months or longer by any court (including traffic offences involving alcohol and/or drugs)? If yes, please provide evidence relating to the investigations or proceedings. ☐ Yes ☐ No
- e) Any addictive, mental or physical condition including transmissible major viral infections with the potential to affect your fitness to practise in the scopes of practice in which you are registered? If yes, please enclose a report from your doctor or specialist updating the Council of your condition. ☐ Yes ☐ No

SECTION B (TO BE COMPLETED BY FIRST TIME APPLICANTS ONLY)**Dental qualifications**

To be eligible to enrol in the written examination you must have completed an appropriate dental qualification (both undergraduate and postgraduate programmes) at a recognised tertiary academic institution. Please provide details of your dental qualifications and **attach**:

- an official list of the papers you have passed from the awarding institution. This list should include the title of each paper, the year in which each paper was completed and the grade obtained for each paper. Some academic institutions call this an academic transcript, statement of marks or record of study;
- a certified copy of an internship certificate, where applicable; and
- certified copies of relevant degrees, diplomas and other qualifications (note: If your certificates are not written in English please also include an official English translation of your certificates).

Name of qualification (and abbreviation)	Awarding university or college	Year awarded	Duration of programme	Full or part time	Dates attended

Practice experience - specialist candidates only:

Please **include a copy of your curriculum vitae** with your application, ensuring that this document provides full details of:

- your relevant work experience and current employment with specific details on the areas of the specialty you practised in over the past three years ; and
- the extent of your clinical experience in the range of tasks delineated in the specialist dental scope of practice; and
- the continuing professional development (CPD) you have undertaken in the past three years, in particular CPD relevant to the specialist scope of practice; and
- published articles or research.

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 6 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

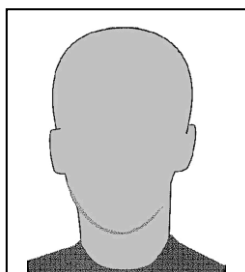
☐ Female

Certified photograph

When submitting your application for enrolment you are required to provide with your application two certified colour passport-sized photographs 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 2 certified passport photos here.

Verification of identity (to be completed by the same person taking your statutory declaration on page 6)

I _____ (full name) confirm that I have compared the attached two recent passport sized photographs 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 your enrolment in the NZDREX written examination may be cancelled. **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 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 with the Dental Council is necessary before I am permitted to practise as an oral health professional in New Zealand.
6. I understand that if I make a false or misleading representation or declaration my application may be declined, or my enrolment in the NZDREX Written Examination may be cancelled.

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.

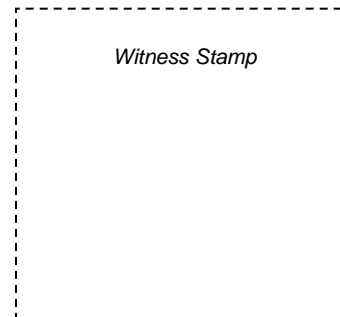
Applicant's signature _____

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

In the presence of

Signature of authorised witness

Witness 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 (please sign below)

- ☐ 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	<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></tr></table>																		
CVV number (3 digit card security code)	<table border="1"><tr><td></td><td></td><td></td></tr></table>																		

Fees (GST inclusive)	Amount payable before 31 March 2019	Amount payable from 1 April 2019	✓
New Zealand Dental Hygiene Registration Examination (NZDHREX)*	NZ\$ 3,673.02	NZ\$ 3,746.48	
New Zealand Dental Therapy Registration Examination (NZDTREX)*	NZ\$ 3,673.02	NZ\$ 3,746.48	
New Zealand Oral Health Therapy Registration Examination (NZOHTREX)*	NZ\$ 3,673.02	NZ\$ 3,746.48	
New Zealand Dental Specialist Registration Examination (NZDSREX)	NZ\$ 21,439.07	NZ\$ 21,867.85	
Cardholder Signature			

*Please note, fees will reduce when there are a total of five or more applicants enrolled for the same examination. Enrolled applicants will be refunded the difference after the application closing date if five or more applicants enrolled.

CHECKLIST OF SUPPORTING DOCUMENTS REQUIRED

Applicable to **first time** applicants:

- ☐ Certified copies of the identification pages of your passport
- ☐ Certified passport sized photograph
- ☐ Certified copy of your registration certificate (must be current)
- ☐ Original certificates of good standing from relevant boards/councils (not older than three months)
- ☐ Certified copy of your English language test results (not older than two years)
- ☐ Certified copy of your official academic institution copy of your complete academic transcript, statement of marks or record of study
- ☐ Certified copies of relevant degrees, diplomas and other qualifications (official English translation where applicable).

Applicable to **repeat** applicants:

- ☐ Certified copies of the identification pages of your passport
- ☐ Certified passport sized photograph
- ☐ Copies of any previous examination results (NZ or Australia)
- ☐ Certified copy of your registration certificate (if previously submitted copy has expired)
- ☐ Original certificates of good standing from relevant boards/councils (if previously submitted copy is older than three months)
- ☐ Certified copy of your English language test results (if previously submitted copy has expired)

Documentation only required **where applicable**:

- ☐ Certified evidence for name difference between qualification(s) and current identification document
- ☐ Details of any mental or physical conditions
- ☐ Certified copy of any conviction history
- ☐ Full details of any investigation regarding professional disciplinary proceeding
- ☐ Specialists only - curriculum vitae with specified detail as requested in practice experience section.
- ☐ Certified internship certificate

Any supporting documentation required in this application that is not written in English must be accompanied by a translation by an official translation service.

Please refer to the relevant sections on the application form for full details on the specific requirements of the supporting documentation.

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.