Enrolment in the New Zealand dental registration examination - written examination

Important information

- This form is to be used by candidates applying to enroll in the New Zealand dental registration examinations. Please print all answers clearly
- Please submit all supporting documents with your application, as listed below. These must be appropriately certified. If we require additional items, we will contact you.
  - The verification of identity section of this form, completed and signed by the person certifying your identity.
  - The identification pages of your current passport or New Zealand driver's license.
  - Two colour passport-size photographs of you.
  - Results for any previous examinations you have sat
  - Your registration certificates from the overseas jurisdictions where you hold registration
  - An original certificate of good standing, which is less than three months old
  - A pass result in a Council approved English test
  - Your qualification certificate, internship certificate (if applicable) and academic transcript
- Incomplete applications cannot be accepted.
- All documents verifying your identity must be certified by the same person.
- Page 9 contains information on who can verify your identity, witness your declaration and certify your documents.
- An invoice will be raised for online bank payment. Please refer to the fees page for the relevant examination fee.

Examination

Please specify which examination you are applying for:

- ☐ New Zealand Dental Hygiene Registration Examination (NZDHREX)
- ☐ New Zealand Dental Therapy Registration Examination (NZDTREX)
- ☐ New Zealand Oral Health Therapy Registration Examination (NZOHTREX)

Please submit completed form and documents to:
Email – inquiries@dcnz.org.nz
Courier – Dental Council, Level 7, 22 The Terrace, Wellington, 6011, New Zealand
Post – Dental Council, PO Box 10-448, Wellington, 6140, New Zealand

For queries, we can be contacted on:
Phone – +64 4 499 4820 **Email** – inquiries@dcnz.org.nz

Applicant details

Given name: _____ Family name: _____

Other names (e.g. common use name): _____ Title: _____

Different names

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

☐ Marriage ☐ Deed poll ☐ Common use ☐ Other _____

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**

English competence

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.

Please indicate how you meet the English language requirement:

☐ English is your first language; and

☐ You have completed your dental training in the United Kingdom, USA, Australia, Ireland or Canada.

Or

☐ You have worked as a registered oral health practitioner in a practice where English is the primary language of communication with patients and colleagues in the United Kingdom, USA, Australia, Ireland or Canada for at least 2 years within the 5 years prior to your application; and

☐ Two referees registered in a similar oral health profession, who speak English as their first language and can attest to your ability to comprehend and communicate in English.

(Referees must have worked with you for at least 6 months within the last 5 years in the United Kingdom, USA, Australia, Ireland or Canada).

Or

☐ You have sat and passed a Dental Council approved English language test to the required level within the last two years.

Please refer to the Dental Council's *Policy on English Language requirements and tests* for further information.

If you have completed and passed and Dental Council approved English language test, please add the details below:

Test completed (IELTS or OET): _____ Date examination passed: _____

Please **attach** a certified copy of your test results.

Current and past registrations

To be eligible to enrol in the written examination you must be registered as an oral health professional. Please provide details of your current and past dental registrations and **attach** for each:

- an original certificate of good standing from relevant boards/councils where registration is, or has been held in the last seven years. Certificates of good standing must be no more than three months old and need to include your current registration status and date of initial registration.

Country/State	Dates registered	Registration status (including branch of dentistry registered in)

Fitness for registration

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** full details. Please contact us if you have any questions.

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?

☐ 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)?

☐ 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 applying to register in?

☐ Yes ☐ No

Dental qualifications (first time applicants only)

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

- certified copies of relevant degrees, diplomas and other qualifications;
- a certified copy of an internship certificate, where applicable; and
- a certified copy of the 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.

If any of these documents are not written in English please also include an official English translation which has been prepared by an official translation agency

Name of qualification: _____ Year awarded: _____

Awarding University or college: _____ Country: _____

Please detail any relevant additional qualifications on a separate piece of paper and include this with your application.

Previous examination applications

Have you previously attempted the written or clinical examination in New Zealand or Australia? ☐ Yes ☐ No

If yes, please provide details of this, and **attach** certified copies of your previous examination results:

Examination: _____ Date: _____ Result: _____

Please note, as part of the application process, the Dental Council may seek information held by the Australian Dental Council on your examination attempts

Requirements for your passport or New Zealand driver's licence

Please **attach** certified copies of the identification pages of your current passport, including the photo and signature pages.

What is a certified copy?

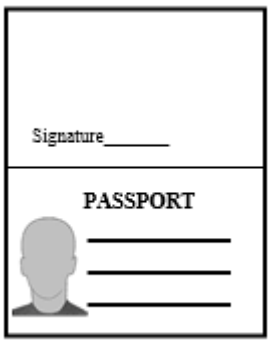
You are required to take your original passport and a photocopy of the photo and signature pages to a certifying officer (refer page 9).

The certifying officer must:

- view the original passport
- make a statement on the photocopied page/s to the effect of "**I have sighted the original document and the copy provided is a true copy of the original**" followed by their name, title, signature and date as shown below
- include their witness seal/stamp if they have one.

Please note, the certification needs to appear on the same side as the photocopied information. We will not be able to accept it if the certification is on the back of the photocopy.

If you are a New Zealand citizen, you may provide a certified copy of both sides of your current New Zealand driver's licence in place of the identification pages of your passport.



I have sighted the original document and the copy provided is a true copy of the original

Signature _____
Name, Title _____
Date DD-MM-YYYY

[Stamp]

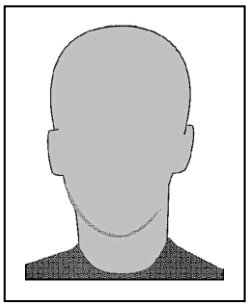
Requirements for your photographs

Please **attach** two certified colour passport-size photographs of you. The photograph must be less than three months old.

The photos should be certified on the back as shown below and must include:

- the following statement: "**I certify that this is a true likeness of [*applicant's full name]***."
- signature of the certifying officer
- clearly printed full name of the certifying officer
- date of certification.

FRONT



BACK

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

Signature of certifying officer

Printed full name of certifying officer

Date

Attach two certified passport photos here.

Verification of identity section – must be completed and signed by the person certifying your documents

I, _____

(full name of certifying officer) confirm that I have compared the passport size photograph provided and the photograph in the applicant's identification document, being:

Identification document (select one)

☐ Passport number _____

Date of expiry (DD-MM-YYYY): _____

☐ New Zealand driver's licence number _____

Date of expiry (DD-MM-YYYY): _____

with the applicant before me and, that in my opinion, it is a true and faithful likeness and I am satisfied that the applicant before me is the person to whom the identification relates.

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 written examination may be cancelled. Applicants are cautioned to complete the application carefully and honestly.

Your declaration must be made before an authorised witness included on page 9. 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 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

Witness Stamp

_____
Signature of authorised witness

_____
Witness full name

Who can verify your identity, witness your statutory declaration and certify your documents?

The person certifying your documents (the "certifying officer") must be authorised by the law where you live to administer an oath for a judicial proceeding.

In New Zealand, the following people are authorised to certify documents:

- Enrolled barrister and solicitor of the High Court of New Zealand
- Justice of the Peace
- Notary Public
- Court Registrar or Deputy Registrar
- Member of Parliament.

In other Commonwealth countries, the following people are authorised to certify documents:

- Solicitor of the High Court of New Zealand
- Justice of the Peace
- Notary Public
- Commissioner of Oaths
- Judge
- Commonwealth representative*
- Other person authorised by the law of your country to administer an oath there for the purpose of a judicial proceeding. Provide evidence of their authority.

In non-Commonwealth countries, the following people are authorised to certify documents:

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

* A Commonwealth representative includes any Ambassador, High Commissioner, Commissioner, Minister, Counsellor, Chargé d'Affaires, Head of Mission, Consular Officer, Pro-consul, Trade Commissioner, or Tourist Commissioner of any Commonwealth country and also includes any diplomatic secretary on the staff of any such Ambassador, High Commissioner, Commissioner, Minister, Counsellor, Chargé d'Affaires, or Head of Mission.