

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 8, 109 Willis Street Wellington 6011 NEW ZEALAND	The Dental Council PO Box 10-448 Wellington 6143 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	Your checklist
<p>Passport sized photograph</p> <p><i>Full colour (not black and white), and less than three months old.</i></p>	✓	✓	✓	
<p>The identification pages of your passport, including the page which contains your signature</p> <p><i>Alternatively, you may provide a copy of your New Zealand Driver's License, including the side containing the expiration date.</i></p>	✓	✓	✓	
<p>Documentation which shows the changes to your name</p> <p><i>Such as your marriage certificate, deed poll documentation, name change certificate.</i></p>	✓	✓	✓	

Qualification

Document	Uploaded online	Certified by an authorised witness	Physical document required	Your checklist
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	✓	✓	✓	
<p>Course information relating to the qualification upon which you are basing your application</p> <p><i>This must include at the minimum the full curriculum, details of the minimum duration of training, and details of the modes of assessment. These must be current at the time of you being awarded the qualification.</i></p>	✓	✓	✓	
<p>Course information relating to the dental specialist qualification upon which you are basing your application</p> <p><i>This must include the full curriculum, entry criteria, where training took place, supervision of training, duration of training, and details of the modes of assessment. These must be current at the time of you being awarded the qualification.</i></p>	✓	✓	✓	

Health information

Document	Uploaded online	Certified by an authorised witness	Physical document required	Your checklist
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>	✓			

Fitness to practice

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

Examination

Document	Uploaded online	Certified by an authorised witness	Physical document required	Your checklist
Examination results <i>Including any successful or failed examinations in New Zealand and overseas.</i>	✓	✓	✓	

English requirements

Document	Uploaded online	Certified by an authorised witness	Physical document required	Submitted by an outside source	Your checklist
English test results which are less than two years old <i>Please refer to the Council's English language policy for further details.</i>	✓	✓		✓	

Practice experience

Document	Uploaded online	Certified by an authorised witness	Physical document required	Your checklist
<p>Curriculum Vitae</p> <p><i>This should contain your relevant work experience and current employment; and the extent of your clinical experience.</i></p>	✓			
<p><i>For general scopes of practice: Cases—requirements detailed here</i></p>	✓			
<p><i>For dental specialists: Summary of cases treated over the last five years, demonstrating the full range of treatment within your scope</i></p> <p><i>Including relevant patient details (while protecting the privacy of the patient), clinical condition/diagnosis, treatment provided and the length of follow up/success.</i></p>	✓			
<p><i>For dental specialists: At least five case examples demonstrating the full range of treatment within your scope.</i></p> <p><i>This should contain (while protecting the privacy of the patient) the reason for the visit, history of present complaint, medical history, dental history, patient attitude and expectation, full extra and intra oral examination and charting, special test reports, problem list/diagnosis, treatment plan and treatment provided and follow up details. It should be supplemented with relevant radiographs, clinical photographs and charting.</i></p> <p><i>For additional scopes (adult care in dental therapy, implant overdentures for clinical dental technology) at least eight cases are required.</i></p>	✓			
<p>Evidence of research activity</p> <p><i>This should include your thesis, and any publications completed since graduation.</i></p>	✓			
<p>Continuing professional development log</p> <p><i>This should include all courses you have completed over the past three years.</i></p> <p><i>This CPD template can be used for presenting your activities if you do not already have an existing logging system/file.</i></p>	✓			

Current and past registrations

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

Professional referees

Document	Uploaded online	Certified by an authorised witness	Physical document required	Submitted by an outside source	Your checklist
<p>Three referee reports from clinical peers</p> <p><i>These must be completed using the Council's referee report template.</i></p>	✓			✓	

