USER GUIDE

# Supporting documents for applications

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## Important information

- When you apply for registration, you need to provide documents to support your application. Most documents can be uploaded electronically, but you may need to send originals or certified copies of some documents to our office by post or courier.
- Please note, we may not require all the documents listed in this guide – some documents will not apply to your application. Required documentation will depend on your qualifications, training and experience and will be marked with an asterisk (*) in your application form.
- You will need to provide evidence of your identity using the Council verification of identity form. Your identity will need to be verified by an authorised witness and the completed form will need to be uploaded to your application and sent as a hard copy to the Dental Council office.
- Certificates of standing/licensure verifications need to be emailed or posted directly to us from the issuing authority and must not be older than 3 months at the point you provide a complete application for assessment.
- 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.
- Please don't submit an application until you have prepared all of the documentation required to support your application.

## Submitting hardcopies of your documents

After you submit and pay for your online application, 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 or courier.

**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<br>Level 7, 22 The Terrace<br>Wellington 6011<br>NEW ZEALAND | The Dental Council<br>PO Box 10-448<br>Wellington 6140<br>NEW ZEALAND |

Please ensure you use the correct mailing address for the type of postal service you are using. Documents sent to the incorrect address will be returned to you automatically by the postal/courier company.

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.



Dental Council
Te Kaunihera Tiaki Niho

## Identification – please note, all identification must be certified by the same authorised witness using this form

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|---|---|---|---|
| Passport sized photograph<br>*Full colour (not black and white), and less than three months old.* | ✓ | ✓ | ✓ |
| The identification pages of your passport, including the page which contains your signature<br>*Alternatively, you may provide a copy of your New Zealand Driver's License, including the side containing the expiration date.* | ✓ | ✓ | ✓ |
| Completed verification of identity form<br>*This will need to be posted or couriered to the Dental Council office once your application has been submitted and accepted for assessment.* | ✓ | ✓ | ✓ |
| Documentation which shows the changes to your name<br>*Such as your marriage certificate, deed poll documentation, name change certificate.* | ✓ | ✓ | ✓ |

## Qualification

| Document | Uploaded online | Shared via Learner/Receiver portal | Certified by an authorised witness[1] | Physical document required[1] |
|---|---|---|---|---|
| **Qualifications issued via my eQuals, myCreds/MesCertif, Parchment platforms** | | | | |
| The qualification certificate/s upon which you are basing your application | ✓ | ✓ | | |
| Your internship completion certificate, where applicable | ✓ | ✓ | | |
| **Qualifications not issued via my eQuals, myCreds/MesCertif, Parchment platforms** | | | | |
| The qualification certificate/s upon which you are basing your application | ✓ | | ✓ | ✓ |
| Your internship completion certificate, where applicable | ✓ | | ✓ | ✓ |

## Health information

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

[1] In lieu of posting a certified document, we can receive your qualification and transcript directly from your education institution via email

## Practice experience

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|---|---|---|---|
| Curriculum Vitae<br>*This should contain your work experience in chronological order since graduation, including current employment.* | ✓ | | |
| Continuing professional development<br>*This should include all courses you have completed over the past three years. This CPD template must be used for presenting your activities if you do not already have an existing logging system/file.* | ✓ | | |

## Fitness to practise

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

## Examination

| Document | Uploaded online | Certified by an authorised witness | Physical document required |
|---|---|---|---|
| Examination results<br>*Including any successful or failed examinations in New Zealand and overseas.* | ✓ | on request | on request |

## English requirements

| Document | Uploaded online | Certified by an authorised witness | Physical document required | Submitted by an outside source |
|---|---|---|---|---|
| English test results which are less than two years old<br>*Please refer to the Council's Registration policy for further details.*<br>*Where applicable, you will need to share the results to the Dental Council using the provider's online portal, so that the results can be verified by Council staff.* | ✓ | | | |

## Current and past registrations

| Document | Uploaded online | Certified by an authorised witness | Physical document required[2] | Submitted by an outside source |
|---|---|---|---|---|
| Certificates of good standing from the Boards/Councils where you have held registration overseas in the last 7 years<br>*These must be emailed or posted directly to the Dental Council by the issuing authority and be no more than three months old at the point you submit a complete application. The document must include your registration/licensure status and date of initial registration.* | | | ✓ | ✓ |

## Professional referees

| Document | Uploaded online | Certified by an authorised witness | Physical document required | Submitted by an outside source |
|---|---|---|---|---|
| Three referee reports from clinical peers<br>*These must be completed using the Council's referee report template and meet the requirements set out on the cover page of the referee report.* | | | | ✓ |

[2] An original physical copy is required unless the issuing authority emails a copy directly to the Dental Council.