

Submit a professional peer confirmation

Notes :

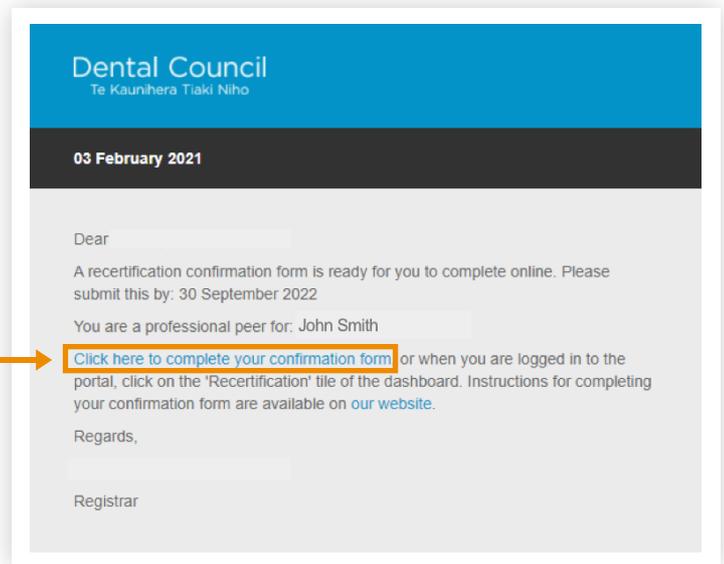
Use this guide if you are a professional peer who is due to submit a professional peer confirmation for a practitioner.

Access from email link

Step 01: Email message

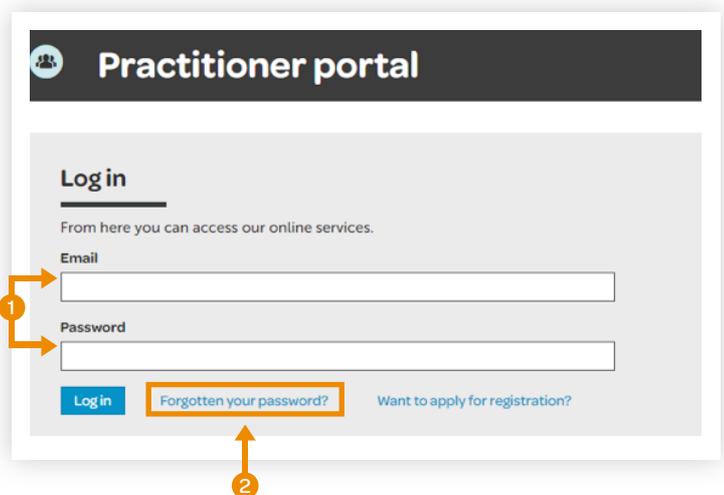
You will receive an email from the Dental Council advising that you have a recertification confirmation form ready to complete. The email will also show the name of the practitioner for whom you act as a professional peer.

- 1 Open the email and click the link provided to complete the confirmation form.



Step 02: Log in screen

- 1 Log in to the practitioner portal using your email address and password.
- 2 If you have forgotten your password, click 'Forgotten your password?' and follow steps 3 and 4 of [Setting \(or resetting\) your password](#) for the practitioner portal.



Step 03: Confirmation form

The confirmation form for that practitioner will open. If you are a professional peer for more than one practitioner then you will receive multiple emails with different links.

- Complete the form to indicate either **confirm** or **decline to confirm** that the practitioner has met the recertification requirements for that period.

If you are thinking about **declining to confirm**, please make sure that you have discussed your concerns with the practitioner before you submit the form.

If you decline to confirm, you will be asked to **select a reason** from a drop-down list and provide a more detailed explanation of the circumstances. You can also attach supporting documents, but this is optional.

Note: there may be more questions to answer than those shown here.

Recertification confirmation

Towards the end of each annual recertification programme annual cycle, every professional peer is asked to submit an online confirmation to verify whether in your view, the practitioner has met their recertification requirements.

The confirmation is for the practitioner listed below, and for the recertification programme annual cycle from 01/04/2020 to 31/03/2021.

You will be asked to provide more detailed information if you cannot confirm that a practitioner has met the necessary recertification programme requirements.

For more information on the recertification programme please visit our [website](#).

Practitioner details

Person ID
23190

Name
John Smith

Confirmation status
Due

Relationship start date:
07/12/2020

Relationship end date (optional)

Relationship status:
Nominated

Please confirm that this practitioner has:

A professional development plan

Confirm
 Decline to confirm

Please confirm that this practitioner has:

A professional development plan

Confirm
 Decline to confirm

Participated in professional development activities

Confirm
 Decline to confirm

Please provide a reason why you cannot confirm that the professional development plan requirement has been met:*

Select...

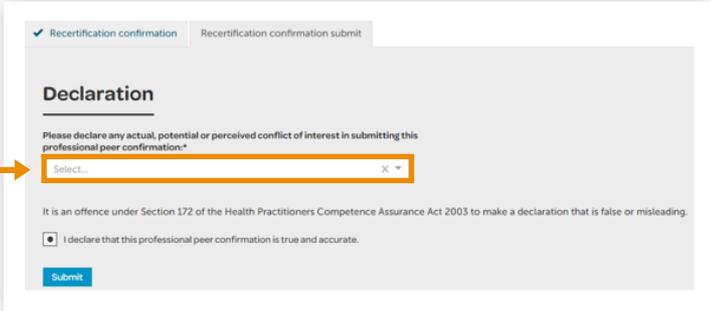
A more detailed explanation*

Please attach documents

Upload any additional documents to support your explanation

Step 04: Declare any conflict of interest

- You are required to select from the drop down menu to declare any conflict or no conflict of interest.



Recertification confirmation | Recertification confirmation submit

Declaration

Please declare any actual, potential or perceived conflict of interest in submitting this professional peer confirmation.*

Select... X

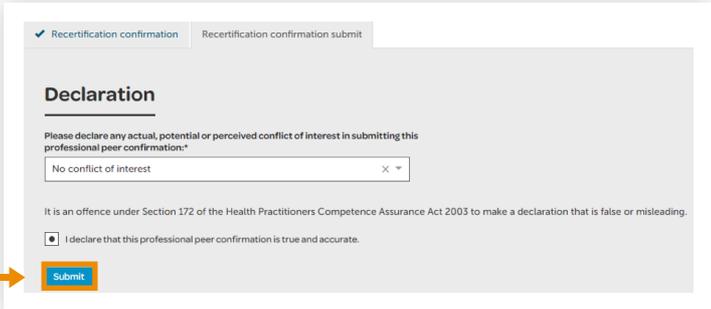
It is an offence under Section 172 of the Health Practitioners Competence Assurance Act 2003 to make a declaration that is false or misleading.

I declare that this professional peer confirmation is true and accurate.

Submit

Step 05: Submit Form

- Click 'Submit'.



Recertification confirmation | Recertification confirmation submit

Declaration

Please declare any actual, potential or perceived conflict of interest in submitting this professional peer confirmation.*

No conflict of interest X

It is an offence under Section 172 of the Health Practitioners Competence Assurance Act 2003 to make a declaration that is false or misleading.

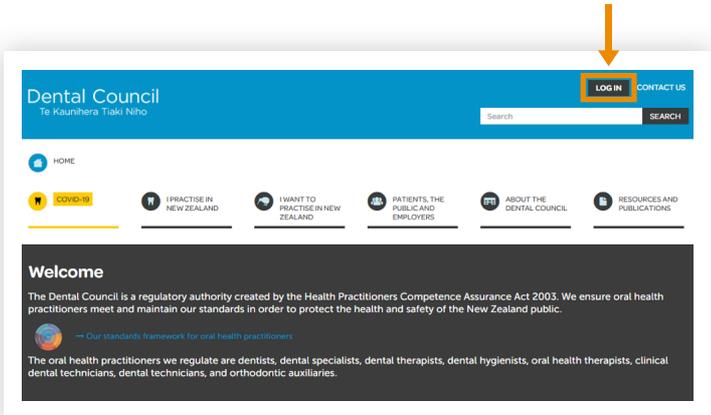
I declare that this professional peer confirmation is true and accurate.

Submit

Access from the dashboard

Step 01: Log in from website

- From the [Dental Council website](#) (any page). Click the 'LOG IN' tab on the banner (top right of the page).



Dental Council
Te Kaunihera Tiaki Niho

LOG IN CONTACT US

HOME

EDUCATION PRACTISE IN NEW ZEALAND WANT TO PRACTISE IN NEW ZEALAND PATIENTS, THE PUBLIC AND EMPLOYERS ABOUT THE DENTAL COUNCIL RESOURCES AND PUBLICATIONS

Welcome

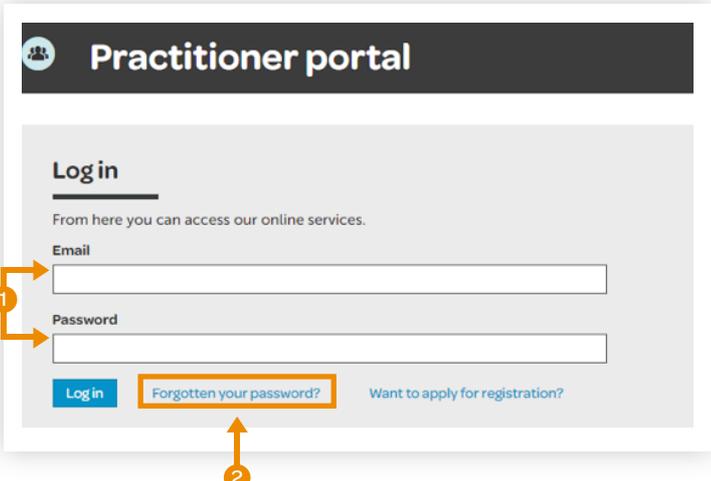
The Dental Council is a regulatory authority created by the Health Practitioners Competence Assurance Act 2003. We ensure oral health practitioners meet and maintain our standards in order to protect the health and safety of the New Zealand public.

Our standards framework for oral health practitioners

The oral health practitioners we regulate are dentists, dental specialists, dental therapists, dental hygienists, oral health therapists, clinical dental technicians, dental technicians, and orthodontic auxiliaries.

Step 02: Log in screen

- Log in to the practitioner portal using your email address and password.
- If you have forgotten your password, click 'Forgotten your password?' and follow steps 3 and 4 of [Setting \(or resetting\) your password](#) for the practitioner portal.



Practitioner portal

Log in

From here you can access our online services.

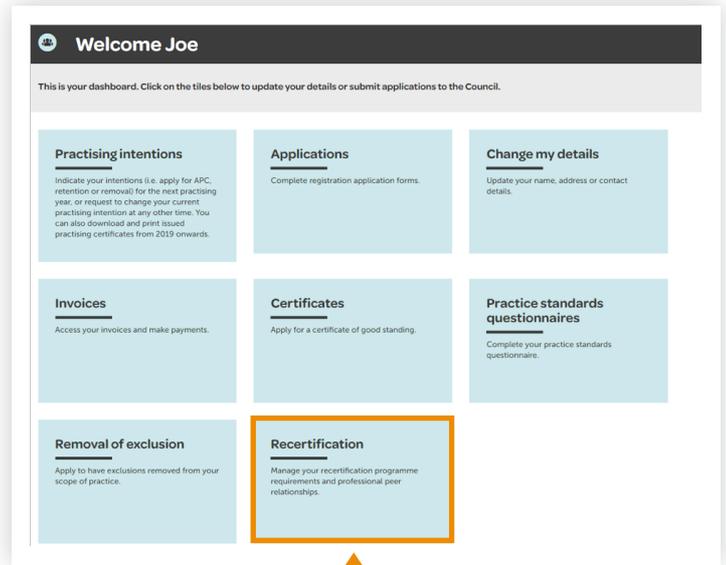
Email

Password

Log in Forgotten your password? Want to apply for registration?

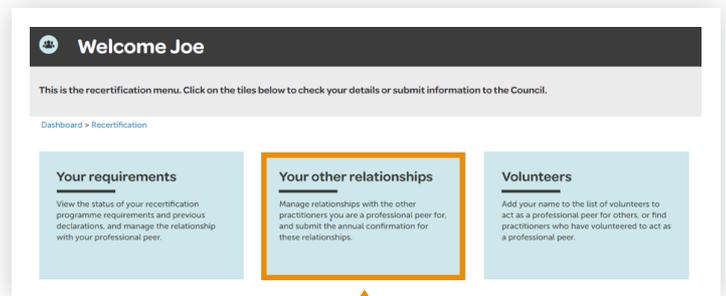
Step 03: Dashboard tiles

- Click the 'Recertification' tile from the dashboard.



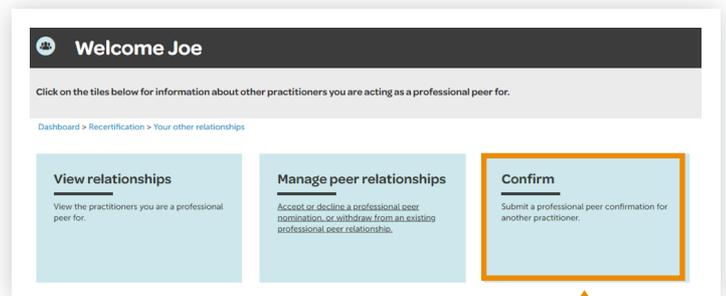
Step 04: Recertification tiles

- Click the 'Your other relationships' tile.



Step 05: Your other relationships tiles

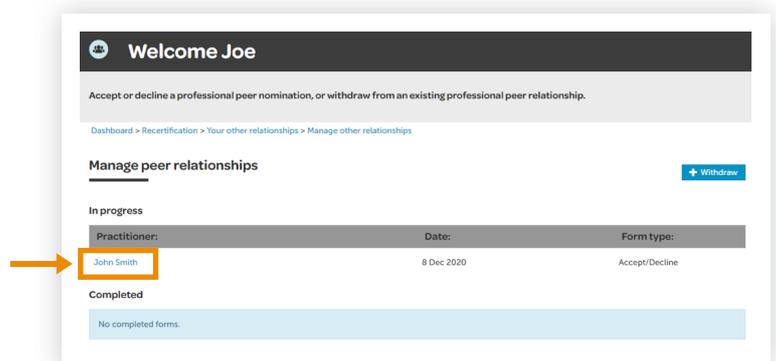
- Click the 'Confirm' tile.



Step 06: Choose practitioner

- Click the practitioner's name (blue link) under the 'In Progress' heading to complete their professional peer confirmation.

If you are a professional peer for more than one practitioner then you will see a list of practitioners' names and forms to complete.



Step 07: Confirmation form

The form will contain pre-populated details for the professional peer confirmation. Please check the details are correct.

- Complete the form.

Note: there may be more questions to answer than those shown here.

Recertification confirmation

Recertification confirmation

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The confirmation is for the practitioner listed below, and for the recertification programme annual cycle from 01/04/2020 to 31/03/2021.
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For more information on the recertification programme please visit our [website](#).

Practitioner details

Person ID

Name

Confirmation status
Due

Relationship start date:
01/01/2020

Relationship end date (optional)

Relationship status:
Accepted

Please confirm that this practitioner has:

A professional development plan

Confirm
 Decline to confirm

Participated in professional development activities

Confirm
 Decline to confirm

Please provide a reason why you cannot confirm that the professional development plan requirement has been met:*

Select...

A more detailed explanation*

Please attach documents
Upload any additional documents to support your explanation

Step 08: Declare any conflict of interest

- You are required to select from the drop down menu to declare any conflict or no conflict of interest.

Recertification confirmation submit

Declaration

Please declare any actual, potential or perceived conflict of interest in submitting this professional peer confirmation.*

Select...

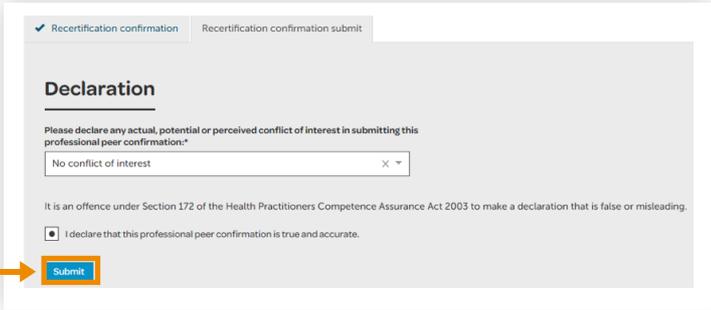
It is an offence under Section 172 of the Health Practitioners Competence Assurance Act 2003 to make a declaration that is false or misleading.

I declare that this professional peer confirmation is true and accurate.

Submit

Step 09: Submit form

- Click 'Submit'



✓ Recertification confirmation Recertification confirmation submit

Declaration

Please declare any actual, potential or perceived conflict of interest in submitting this professional peer confirmation.*

No conflict of interest

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I declare that this professional peer confirmation is true and accurate.

Submit