Did you know you can now apply online?

Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

Keeping in contact

We will let you know about important information to do with your application via your secure Ahpra portal.

Dental Board Ahpra

Application for general registration

For current non-practising registrants

Profession: **Dental**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for non-practising registrants to apply for general registration as a dentist, dental therapist, dental hygienist, oral health therapist or dental prosthetist in Australia. Dentists wishing to also apply for endorsement for conscious sedation will need to also complete the *Application for endorsement for conscious sedation (approved area of practice) for a registered dentist – AEAP-20*. This form can be found on the Board's website at **www.dentalboard.gov.au/Registration**

It is important that you refer to the Dental Board of Australia's (the Board) registration standards when completing the form. Registration standards, codes and guidelines can be found at **www.dentalboard.gov.au**

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at **www.ahpra.gov.au/privacy**.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at **www.ahpra.gov.au/privacy**.

Symbols in this form

Additional information
Provides specific information about a question or section of the form.

Attention
Highlights important information about the form.

Attach document(s) to this form
Processing cannot occur until all required documents are received.

Signature required
Requests appropriate parties to sign the form where indicated.

Mail document(s) directly to Ahpra
Requires delivery of documents by an organisation or the applicant.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: ☒
- **DO NOT send original documents.**

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Application criteria

1. Were you granted non-practising registration under the Trans-Tasman Mutual Recognition Act?

YES ☐ NO ☐ ***Go to the next question***

STOP You are **not eligible to use this application form**. To apply for general registration, please complete form AGEN-20, which can be found at **www.dentalboard.gov.au**

2. Which division(s) of the profession are you applying for general registration in?

Dentists wishing to also apply for endorsement for conscious sedation will need to also complete the *Application for endorsement for conscious sedation (approved area of practice) for a registered dentist – AEAP-20*. This form can be found on the Board's website at **www.dentalboard.gov.au/Registration/Forms**

Mark all options applicable to your application

☐ Dentist ☐ Dental hygienist ☐ Dental prosthetist
☐ Dental therapist ☐ Oral health therapist

SECTION B: Personal details

The information items in this section of the application marked with an asterisk (*) will appear on the public register.

3. What is your name and date of birth?

Title* MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER ☐ SPECIFY

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth D D / M M / Y Y Y Y

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

4. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken fluently other than English (optional)*

5. What is your registration number?

Registration number*

D E N

SECTION C: Contact information

You can change your contact information at any time.
Please go to **www.ahpra.gov.au/login** to change your contact details using your online account.

6. What are your contact details?

Provide your current contact details below – place an ✕ next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

7. What is your residential address?

If you are not currently practising, or are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked † will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town†

State or territory (e.g. VIC, ACT)**/International province†**

Postcode/ZIP†

Country (if other than Australia)

8. Is the address of your principal place of practice the same as your residential address?

Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

YES ☐ NO ☐ ***Provide your Australian principal place of practice below***

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*

9. What is your mailing address?

Your mailing address is used for postal correspondence.

- ☐ My residential address
- ☐ My principal place of practice
- ☐ Other ***(Provide your mailing address below)***

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)**/International province**

Postcode/ZIP

Country (if other than Australia)

SECTION D: Registration history

10. What is your health practitioner registration history?

If you have been previously registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past five years**.

Most recent registration

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.
Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state office address.

Attach a separate sheet if all your registration history does not fit within the space provided.

SECTION E: Work history

11. What is your full practice history?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

You must attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

SECTION F: Registration period

The annual registration period for the dental profession is from 1 December – 30 November each year.
If your registration is granted in October and November this year, you will be registered until 30 November next year.
If your registration is granted before October, you will be registered until 30 November this year and you must renew your registration by 30 November.

12. If this application is approved, when would you like your general registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

☒ On the date of the Board's approval

☒ On the date below, or the date of the Board's approval, whichever is the latter

D D / M M / Y Y Y Y

You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.
Once your registration has been granted, you cannot change your registration start date.

SECTION G: Suitability statements

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to **www.dentalboard.gov.au/Registration-Standards** for further information.

13. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?

It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section on page two of this form.

YES ☐ NO ☐

You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

14. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to **www.ahpra.gov.au/internationalcriminalhistory**.

NO ☐ ***Go to the next question***

YES ☐ ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of the change in your criminal history in a signed and dated written statement.***

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

15. Have you used English as your primary language in the past five years?

YES ☐ **I declare that I have used English as my primary language within the past five years.**

NO ☐ **The Board may require you to provide evidence to demonstrate you meet the *Board's English language skills registration standard*.**

You will be required to provide this evidence if you met the requirements of the *English language skills registration standard* on the basis of results from an English language test, and have not declared that you have continued to use English as your primary language.
For more information, refer to **www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills**

16. Do you commit to having appropriate professional indemnity insurance (PII) arrangements in place for all practice undertaken during the registration period?

The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising the profession in Australia. Applicants unable to meet this requirement are ineligible for registration.
For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☐ NO ☐

17. Have you ever been refused PII or had conditions attached to your PII?

YES ☐ NO ☐

You must attach details of the circumstances in which you were refused or had conditions attached to your PII.

You must not practise unless appropriate PII arrangements are in force.

18. Did you graduate more than one year ago?

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 20***

19. Have you practised the profession in the division(s) of registration you are applying for during the past five years?

YES ☐ NO ☐

If you have not practised in the past five years, you **must** attach details that address the requirements of the Board's *Recency of practice registration standard*.

You must attach a completed *Provision of additional information for recency of practice/Return to Practice Form - AIRP-20*.

More information is available on the Recency of Practice and Return to Practice page of the Board's website at **www.dentalboard.gov.au/Registration**

20. Will you be performing exposure-prone procedures in your practice?

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

Most dental practitioners working in clinical practice will perform EPPs.

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in Appendix 2 of the *CDNA National Guidelines – Healthcare Workers Living with Blood Borne Viruses / Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en.**

You can also seek additional advice from your employer or professional association.

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 22***

21. Do you commit to comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*?

This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES ☐ NO ☐

22. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession?

For more information, see *Impairment* in the *Information and definitions* section of this form.

YES ☐ NO ☐

You must attach to this application details of any impairments and how they are managed.

23. Is your registration in any profession, in Australia or overseas, currently suspended or cancelled?

YES ☐ NO ☐

You **must** attach to this application details of any registration suspension or cancellation.

24. Have you previously had your registration cancelled, refused or suspended in Australia or overseas?

YES ☐ NO ☐

You **must** attach to this application details of any cancellation, refusal or suspension.

25. Has your registration ever been subject to conditions, undertakings or limitations in Australia or overseas?

YES ☐ NO ☐

You **must** attach to this application details of any conditions, undertakings or limitations.

26. Are you disqualified from applying for registration, or being registered, in any profession, under the National Law or a corresponding prior Act?

YES ☐ NO ☐

You **must** attach to this application details of any disqualifications.

27. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES ☐ NO ☐

You **must** attach to this application details of any conduct, performance or health proceedings.

SECTION H: Obligations, consent and declaration

Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event.
   Relevant event means—
   a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
   b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
   c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
   d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
   e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
   f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
   g) a complaint is made about the practitioner to the following entities—
      (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
      (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
      (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
      (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
      (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
   h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
   a) a change in the practitioner's principal place of practice;
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
   c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
   a) information about whether the practitioner is employed by another entity;
   b) if the practitioner is employed by another entity—
      (i) the name of the practitioner's employer; and
      (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:

  a) checking a statement made by me in this application for renewal,

  b) an audit carried out by the National Board,

  c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or

  d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I **declare** that:

- the statements made, and any documents provided, in support of this application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Adverting Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:
https://www.ahpra.gov.au/Publications/Advertising-hub.aspx

I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application for renewal of registration will be sent to me electronically to me via my nominated email address
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

SECTION I: Payment

You are required to pay a registration fee.

Use the table below to select your registration fee. Your registration fee depends on your division(s) and principal place of practice.

Registration fee:

$ INSERT FEE

Division	National Fee	NSW fee
Dentist and/or specialist	**$785**	**$785**
Dental hygienist, dental therapist and/or oral health therapist	**$246**	**$246**
Dental prosthetist	**$267**	**$267**

=

Amount payable:

$ INSERT FEE

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Registration period
The annual registration period for the dental profession is from 1 December to 30 November.
If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year.

Refund rules
The registration fee will be refunded if the application is not approved.

+Note
Dental practitioners who meet the Board's eligibility requirements for registration in the division of oral health therapist can register in either:

- the oral health therapist division, or
- both the dental therapist and dental hygienist divisions.

Practitioners registering in the dual divisions of dental therapist and dental hygienist pay only one registration fee if the applications are processed in one transaction.

For ongoing renewal, only one fee applies for dual registration in the divisions of dental therapist and dental hygienist; this fee is the same as applies to the division of oral health therapist.

28. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable

$

Visa or Mastercard number

Expiry date

M M / Y Y

CVV

Name on card

Cardholder's signature

SIGN HERE

SECTION J: Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
Question 3	Evidence of a change of name	☐
Question 10	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 10	A separate sheet with additional registration details	☐
Question 11	Your curriculum vitae	☐
Question 13	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	☐
Question 14	A separate sheet of overseas countries and corresponding ICHC reference number	☐
Question 14	ICHC reference page provided by the approved vendor	☐
Question 14	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	☐
Question 17	A separate sheet with details of the circumstances in which you were refused or had conditions attached to your PII	☐
Question 19	Details that address the requirements for recency of practice. This includes a completed *Provision of additional information for recency of practice/Return to Practice Form - AIRP-20*.	☐
Question 22	A separate sheet with your impairment details	☐
Question 23	A separate sheet with your current suspension or cancellation details	☐
Question 24	A separate sheet with your previous cancellation, refusal or suspension details	☐
Question 25	A separate sheet with your conditions, undertakings or limitations details	☐
Question 26	A separate sheet with your disqualification details	☐
Question 27	A separate sheet with your conduct, performance or health proceedings	☐
Payment		
	Application fee	☐
	Registration fee	☐

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**.
You may contact Ahpra on 1300 419 495

Information and definitions

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at **www.ahpra.gov.au/registration/registration-process**
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify.aspx**
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify.aspx**

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Practitioners must meet the minimum requirements set out in the Board's continuing professional development (CPD) registration standard.

Practitioners must complete a minimum of 60 hours of CPD activities over a three-year CPD cycle:

- a minimum of 48 of the 60 hours (80 per cent) must be spent on clinically or scientifically-based activities, and
- a maximum of 12 of the 60 hours (20 per cent) can be spent on non-scientific activities.

Each three-year CPD cycle covers three registration periods from 1 December to 30 November.

The Board encourages practitioners to engage in CPD activities each year, gradually accumulating a minimum of 60 hours over the three-year CPD cycle.

For more information, view the full registration standard online at **www.dentalboard.gov.au/Registration-Standards**

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement *'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'*

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at **www.dentalboard.gov.au/Registration-Standards**

and the requirements for supplying proof of identity and certified documents at **www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity** and **www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents**

CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- indicate whether positions were undertaken full-time or part-time, and specify the nature of any practice (e.g. provision of clinical care, management, administration, regulatory or policy development role)
- detail your continuing professional development over the last three years and refer to the Board's registration standard and guidelines for continuing professional development on the level of detail required
- be in chronological order, and
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at **www.ahpra.gov.au/cv**

IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a dental practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

For more information, view the full registration standard online at **www.dentalboard.gov.au/Registration-Standards**

RECENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you **must** have recent practice in dentistry and in any field of practice (including specialist, endorsement or division of the register), in which you intend to work during the period of registration for which you are applying.

If in the previous five years you have not practised in dentistry or the field of practice in which you intend to work during the period of registration, you will need to satisfy the Board's recency of practice requirements.

For more information, view the full registration standard online at **www.dentalboard.gov.au/Registration-Standards** and see the *Recency of Practice and Return to Practice* page on the Board's website at **www.dentalboard.gov.au/Registration**

REGISTRATION APPROVAL DATES

On the date of the Board's approval – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

On the date below or the date of the Board's approval, whichever is the latter – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.