



APPLICATION ADD AUTHORISATION TO PRACTISE IN A RESTRICTED PRACTISE AREA – PROVISION OF DENTAL CARE AND SERVICES TO ADULTS FOR REGISTERED DENTAL THERAPISTS WITH CURRENT REGISTRATION IN THE NORTHERN TERRITORY Health Practitioners Act 2004

PERSONAL DETAILS

SURNAME:

Dr Mr Mrs Miss Ms (please tick appropriate box)

GIVEN NAMES:

FORMER NAMES OR ALIASES: (if applicable)

DATE OF BIRTH:

/ /

COUNTRY OF BIRTH:

GENDER:

Male Female (please tick appropriate box)

POSTAL ADDRESS:

BUSINESS ADDRESS:

TELEPHONE NO:

(bh)

MOBILE:

(ah)

EMAIL:

FAX NO:

I approve the Board using my Email address to distribute urgent information in relation to dental practice Yes No

I prefer the Board's Newsletter to be forwarded to me via Email Yes No

SUPPORTING DOCUMENTS & OTHER REQUIREMENTS FOR REGISTRATION

The following documentation MUST be provided with this application. Photocopies will only be accepted if they have been certified to be a true copy by: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, Non-Commissioned Officer or Warrant Officer; or original sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

- 1. Evidence that the applicant has completed a course which includes units or modules relating to the management of the adult patient, adult dentition and common adult dental condition (eg unit /module outlines, course transcript, letter from lecturer).
2. Meet the Board identification requirements (refer Page 4).
3. Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll (if applicable)).
4. A non-refundable application fee of \$25.



QUALIFICATIONS

Educational qualifications (include institution and year of graduation):

QUALIFICATION	INSTITUTION	COMPLETED YEAR

SUMMARY OF EXPERIENCE SINCE QUALIFYING (if insufficient space please set out in attachment):

PLACE OF PRACTICE	PERIOD OF PRACTICE	
	FROM	TO

OTHER INFORMATION

Date commencing practise in the Northern Territory: _____ / _____ / _____
 Intended place of practice in the Northern Territory: _____

PAYMENT OPTIONS (Fees are not subject to GST)

It is recommended that you do not send cash via postal mail. Cash will only be accepted at the Counter. Bankcard/Visa/Mastercard are the **only** Credit Cards accepted.

Fee of \$25 is enclosed payable by Cheque Money Order
Card Type Visa MasterCard Bankcard

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date _____ / _____

Signature _____ **Name (print)** _____

STATUTORY DECLARATION

Note: In order to apply for authorisation to practise in a restricted practise area you need to complete this declaration.

I solemnly and sincerely declare that,

1. I do not suffer from any mental or physical disability such as to prevent me practising my profession efficiently. True False
2. I will have professional indemnity arrangements in place if I practise in the Northern Territory. True False
3. I have never had my name suspended or removed from a Register or been refused registration for any reasons relating to my professional conduct. True False
4. I have never been prohibited from or had any special conditions imposed in carrying out the practise of dental therapy in any State/Territory/Country as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country. True False
5. I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending. True False
6. I do not know of any outstanding matter relating to my registration in any state/territory/country. True False
7. I am not currently providing dental care or service in my capacity as a dental therapist to adults in the Northern Territory. True False

If “False” to any of the above, please provide full details on an attached signed sheet.

And I make this solemn declaration by virtue of the *Oaths Act (Northern Territory)* and conscientiously believing the statements contained in this declaration to be true in every particular.

And I hereby authorise the Dental Board of the Northern Territory, or its delegates, to make enquires of, and exchange information with, any dental registering authority or any other organisation or person concerning my registration practise as a dental therapist or other related matters.

Signature of person making declaration _____

Declared at: _____ on the _____ day of _____ 20 _____
before me,

Signature of person witnessing declaration* _____

Name of witness (printed) _____

Title of witness (printed) _____

Address or telephone of witness _____

See over for Explanatory Notes



EXPLANATORY NOTES

- If you are unable to answer any of these questions, you are asked to contact the Dental Board for further assistance/advice
- Only the applicant is able to sign the Statutory Declaration.
- *If signed in the Northern Territory the Statutory Declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.
- Practising unregistered and or unlicensed in the Northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.
- The Dental Board of the Northern Territory may from time to time allow organisations to access names and business addresses of dental therapists registered in the Northern Territory if the organisation can demonstrate and satisfy the Board that the use of the data will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.

IDENTIFICATION VALIDATION REQUIREMENTS

All applicants must provide 100 points of identification with their application for registration as a dental practitioner in the Northern Territory. All documents must be an original or certified as a true copy of the original by a Board approved certifier.

All applicants must provide at least one document that includes a photograph.

No exemptions to the Identification Validation requirements will be accepted.

Category A document (70 points)

- Copy of current registration with an Australian Dental Board.

Category B document (70 points) Must provide only one from this category

- Front page of a current Australian passport; or
- Front page of any other passport with copy of current visa; or
- Birth Certificate/Birth Card (extract acceptable); or
- Citizenship certificate.

Category C documents (40 points)

- License or permit issued under a law of Australia.
- Identification card issued to a public service employee.
- Identification card issued by a government department as evidence of a person's entitlement to a financial benefit.
- Student card issued by an Australian tertiary education institution.
- International English Language Testing System Test Report Form (IELTS-TRF) (with photograph only).

Category D documents (25 points)

- International Drivers Licence.
- Medicare card.
- Public utilities account (electricity bill, telephone bill).
- Rates notice.
- Credit card (maximum of two only), cash card or passbook issued by a financial institution.
- Certificate of Good Standing/Verification of Registration Status. The document must be from the immediate previous regulatory authority. The document must be received directly from that regulatory authority, not from the applicant.
- Evidence of current dental registration with an overseas dental regulatory authority.

