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APPLICATION FOR REGISTRATION AS A DENTAL PROSTHETIST
Mutual Recognition Act (Commonwealth) 1992, Section 19 Notice
Trans Tasman Mutual Recognition Act (Commonwealth) 1997, Section 18 Notice

PERSONAL DETAILS

Surname: _____

Dr Mr Mrs Miss Ms (please tick as appropriate)

Given Names: _____

Former Names or Aliases: *(if applicable)* _____

Date of Birth: ____ / ____ / ____ Country of Birth: _____

Gender: Male Female (please tick as appropriate)

Postal Address: _____

Business Address: _____

Telephone No: (bh) _____ Mobile: _____

(ah) _____ Email: _____

Fax No: _____

DOCUMENTS & OTHER REQUIREMENTS FOR REGISTRATION

Please note that all documents provided must be originals, or a photocopy certified to be a true copy by a Justice of the Peace, Solicitor or by the person witnessing the Statutory Declaration.

1. Annual Practising Certificate/Current Entitlement to Practise
2. Proof of Identity (eg. Drivers Licence, Passport, Birth Certificate)
3. Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll *if applicable*)
4. A fee of \$30 in Australian dollars

QUALIFICATIONS

Educational qualifications (include institution and year of graduation):

QUALIFICATION	INSTITUTION	COMPLETED YEAR

OTHER INFORMATION

Last practising position was at: _____

Dates held: From: ____ / ____ / ____ To: ____ / ____ / ____

Date commencing practise in the Northern Territory: ____ / ____ / ____

Intended place of practice in the Northern Territory: _____

Have you ever been registered in the Northern Territory before? Yes No

If yes, what was your registration number? _____

PAYMENT OPTIONS

Fee of \$30 is enclosed payable by Cheque Money Order Credit Card **(Do Not Send Cash)**

Card Type Visa MasterCard Bankcard

Card Number

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Expiry Date ____ / ____

Signature _____ Name (print) _____

IMPORTANT - Please read the following before completing the rest of the form:

- If you are unable to complete the questions and statements in the Statutory Declaration you are **not eligible** to lodge a notice under section 19 of the *Mutual Recognition Act* or section 18 of the *Trans Tasman Mutual Recognition Act* and should enquire with the Board as to how you should make an application for registration.
- If you are licensed with conditions (eg. you are required to practise under supervision or at a specific location) please advise how you intend to satisfy these conditions in the Northern Territory.
- Incomplete notices of application, including omission of payment of the appropriate fee, will not be accepted by the Board resulting in deferment of the right to practise.
- Statements or information which are materially false or misleading will result in postponement or refusal of registration.
- The Dental Board of the Northern Territory may from time to time allow organisations to access names and business addresses of dental prosthetists 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.

STATUTORY DECLARATION

**COMMONWEALTH OF AUSTRALIA
Statutory Declaration**

NOTE: *All questions and statements must be completed (please tick appropriate box where applicable)*

I, _____
(Given Name) (Surname)

of _____
(Address)

hereby seek registration to practise in accordance with the mutual recognition principle and in support of my application do solemnly and sincerely declare as follows:

1. I am currently registered in the following State/Territory/Country, which is the State/Territory/Country on which I base my application for registration.

2. I also currently hold or have held registration in the following States/Territories/Countries:

3. I consent to the Health Professions Licensing Authority of the Northern Territory making enquires of and the exchange of information with the authorities of any State/Territory/Country regarding my activities as a dental prosthetist

4. I am not the subject of disciplinary proceedings of any State/Territory/Country or any preliminary investigations or action that might lead to disciplinary proceedings in relation to my practise as a dental prosthetist True False

5. My registration is not currently suspended as a result of disciplinary action in any State/Territory/Country True False

6. I am not otherwise personally prohibited from carrying out practise as a dental prothetist as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country True False

7. My registration in another State/Territory/Country is not subject to any other special conditions, limitations or restrictions True False

8. I am not suffering from a mental or physical disability such as to prevent me practising efficiently True False

9. I am not currently practising 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 *Statutory Declarations Act 1959* of the Commonwealth and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

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), if applicable: _____

Address or telephone number of witness: _____

* **Attachments to this application must also be signed and verified as an attachment to this Declaration by a Justice of the Peace, Solicitor or by a person authorised within your State/Territory/Country to witness statutory declarations/affidavits. In the Northern Territory the declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.**