

Office Use Only	
Ref No:	/
Date:	Receipt #:

## Application for Initial Assessment of Professional Qualification in General Dentistry

AS-1 V9



**You MUST refer to the "Explanatory Notes & Checklist" to complete the application form.**


Ensure all supporting documentation and payment as listed in the **Checklist** are attached.


Please print clearly in **English** using **CAPITAL LETTERS**

Please complete this application form in **black or blue pen**, ensuring the declaration has been signed and dated.



This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form. Please refer to the **"Explanatory Notes & Checklist"**


Section A	Photographic Identification 
1. Please supply <b>one (1)</b> certified colour passport-size photograph of yourself for the purpose of identification.	The photograph must <b>not</b> be older than <b>three (3) months</b>  DO NOT ATTACH PHOTOGRAPH HERE


Section B	Applicant's Personal Details and Identification 	
	<b>Please ensure that you enter your full name exactly as it appears on your passport.</b>	
2. Surname /Family name		
3. Given name(s)		
4. Previously known or Other name(s) known by	<i>Surname/Family Name</i> <hr/> <i>Given Name(s)</i>	
5. Date of Birth & Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male



Section C	Applicant's Personal Contact Details	
6. Contact details for <b>applicant</b> only.	Address	
	City	
	State/Territory	Area/Postcode
	Country	
	Telephone	
	Email Address	

Section D	Authority to Act (if you nomination of a person or agent to act on your behalf)
7.	<p><i>If you wish to appoint a person/agent to act on your behalf for this application form please complete and submit an Authority to Act form. I understand the Australian Dental Council will forward ALL correspondence only to my chosen nominee.</i></p> <p>I have attached an Authority to Act to this application: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section E	Primary Dentistry Education Details	
8. Title of Qualification		
9. Name of the institution /University		
10. Address of the institution /University	Address	
	City	
	State/Territory	Area/Postcode
	Country	
11. Length of your primary dentistry course	Years _____ Months _____	
	Was this the normal length of your course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was this a full time course? <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Language of primary dentistry course	Was your primary dentistry course in English? <input type="checkbox"/> Yes <input type="checkbox"/> No (please state) _____
13. Course dates	Date Commenced:      /      /      Date Completed:      /      / Day      Month      Year      Day      Month      Year
14. Internship dates (if applicable)	Date Commenced:      /      /      Date Completed:      /      / Day      Month      Year      Day      Month      Year
<b>Section F</b>	<b>Secondary (High School) Education Details</b> 
15. Secondary School	Did you undertake your Secondary (High School) Education in one of the following countries:  Australia                      Canada                      New Zealand Republic of Ireland              South Africa              United Kingdom United States of America  <input type="checkbox"/> No (go to Q20.) <input type="checkbox"/> Yes (go to Q16.)
16. Name of your Secondary School	
17. Length of your Secondary Education	Years _____ Months _____ Did you complete your Secondary Schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Language of Secondary Education	Was your Secondary Schooling in English? <input type="checkbox"/> Yes <input type="checkbox"/> No (please state) _____
19. Secondary Education dates	Date Commenced:      /      /      Date Completed:      /      / Day      Month      Year      Day      Month      Year

Section G	Registration/Licence History 
20. Name of your <b>first</b> Registration/Licence Authority	
21. Date of <b>first</b> Registration/Licence	/                      / <i>Day</i> <i>Month</i> <i>Year</i>
22. Name of your <b>current or most recent</b> Registration/Licence Authority	
23. Expiry date of <b>current or most recent</b> Registration/Licence	/                      / <i>Day</i> <i>Month</i> <i>Year</i>
24. Registration/Licence status	<p>Have you ever been refused registration/licence?      <input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p>Have you ever had you registration/licence withdrawn?      <input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p>Are you subject to any professional disciplinary/ legal proceedings past or pending?      <input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p style="text-align: center;">(* If "Yes" please provide a signed written explanation)</p>
25. Letter of Good Standing <i>(this document cannot be submitted by applicants)</i>	<p>The Australian Dental Council requires an original Letter/Certificate of Good Standing to be forward directly from the previous or most recent registration/licence authority to the Australian Dental Council.</p> <p><input type="checkbox"/> Yes, I have requested a Letter/Certificate of Good Standing to be provided to the ADC.</p> <p><i>(This document will not be accepted if it is provided by the applicant. It must be provided directly to the Australian Dental Council by the registration/licence authority)</i></p>

<b>Section H</b>	<b>Employment History</b> 
26. Recency of Practice	<p>Have you worked as a registered dentist in the last 5 years?</p> <p><input type="checkbox"/> Yes - Please complete the following employment details for each employer.</p> <p><input type="checkbox"/> No - Please submit a signed written statement explaining why you have not worked in the 5+ years.</p> <p><i>(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes &amp; Checklist)</i></p>
Name of the Employer #1	
State, Territory and Country	
Your Position	
Dates of Employment	Date Commenced:        /        /        Date Completed:        /        /
Name of the Employer #2	
State, Territory and Country	
Your Position	
Dates of Employment	Date Commenced:        /        /        Date Completed:        /        /
Name of the Employer #3	
State, Territory and Country	
Your Position	
Dates of Employment	Date Commenced:        /        /        Date Completed:        /        /
<b>Section I</b>	<b>Professional References</b> 
27. Professional References	<p>The Australian Dental Council requires two recent written professional references attesting to competence and good standing as a dentist, from employers, supervisors or tutors; and if you were self-employed from professional colleagues.</p> <p><input type="checkbox"/> Reference #1 – (name) _____</p> <p><input type="checkbox"/> Reference #2 – (name) _____</p>

## Section J

## Declaration

Please read and ensure you understand the following declaration before signing:

- I consent to the Australian Dental Council making inquiries and/or exchanging information with the authorities of any Australian state or territory, or other country, regarding my practice as a dentist or otherwise regarding matters relevant to this application.
- I undertake to inform the Australian Dental Council of any changes to my circumstances or details.
- I am not subject to any professional disciplinary/legal proceedings past or pending, except as otherwise specified in Section G.
- I have read the explanatory notes and authorise the Australian Dental Council to make any inquiries necessary to assist in the assessment of my application.
- I acknowledge that the Australian Dental Council may verify documents provided in support of this application as evidence of my identity.
- I understand that failure to complete all relevant sections of this application form, including payment of the application fee and all supporting documentation, may result in delaying the assessment of this application or refusal of this application.
- I understand that the Australian Dental Council reserves the right to require further documentation to progress the assessment of this application.
- I am the person named in this application and all attached documents.
- The above statements, information provided on my application form and all documentation provided with this application are true and correct.

Signature of Applicant \_\_\_\_\_

Date:                    /                    /  
                                 Day                    Month                    Year



**You MUST refer to the “Explanatory Notes & Checklist” to complete the application form.**

Ensure all supporting documentation and payment as listed in the **Checklist** are attached.

Please print clearly in **English** using **CAPITAL LETTERS**

Please complete this application form in **black or blue pen**, ensuring the declaration has been signed and dated.



This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form. Please refer to the **“Explanatory Notes & Checklist”**

Section K	Payment
<p style="text-align: center;"><b>Initial Assessment of Professional Qualification in General Dentistry Fee Payable</b></p> <p>Applications will not be assessed until the assessment fee has been paid in full. A receipt will be issued upon clearance of payment. Please refer to the current schedule of fees at <a href="http://www.adc.org.au/fees.pdf">http://www.adc.org.au/fees.pdf</a>.</p> <p><b>Bank Cheque or Australian Money Order payments:</b></p> <p style="text-align: center;"><input type="checkbox"/> Bank cheque                      <input type="checkbox"/> Money order</p> <p>Payment made by Bank cheque or Australian Money Order <b>MUST</b> be made in Australian dollars only. <b>Please note that we are unable to accept cheques from the Bank of India.</b></p>	
<p><b>Credit Card Type (please tick)</b></p> <p style="text-align: center;"><input type="checkbox"/> Visa                                      <input type="checkbox"/> MasterCard</p> <p>I, ..... authorise the Australian Dental Council to deduct from my credit card the assessment fee of \$..... (AUD)</p> <p>Name of cardholder</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Card number</p> <div style="border: 1px solid black; display: flex; justify-content: space-between;"><div style="width: 100%; height: 20px;"></div></div> <p>Expiry Date</p> <div style="border: 1px solid black; display: flex; justify-content: space-between;"><div style="width: 100%; height: 20px; text-align: center;">M   M   Y   Y</div></div> <p>Signature of cardholder</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

**Post your completed application form together with your supporting documentation  
and application fee to:**

Australian Dental Council  
PO Box 13278  
Law Courts,  
Victoria 8010

Australia

## Explanatory Notes & Checklist



### Explanatory Notes

#### Introduction

The first step in the Australian Dental Council pathway is the assessment of the qualified dentist's primary professional qualification in dentistry.

The Australian Dental Council (ADC) assesses your professional qualification in dentistry, work experience, registration/licensure history, good standing and other matters to establish your eligibility to proceed with the examinations. This assessment is based on the information you provide in this Application. Overseas qualified dentists may be eligible to undertake the ADC examination pathway if they hold a university dental degree which was obtained after at least four years' full-time academic study at an acknowledged university and they hold registration/licensure as a dentist in their country of training or practice and there has been no withdrawal of registration or refusal to register.

All personal information will be handled in accordance with the Privacy Act. Details may be verified with or provided to other agencies where necessary or required by law.

The assessment of your application may take up to 6 weeks from the date your application is received. A *complete* application includes all the required documentation which has been correctly certified.

You will be notified in writing if we need any additional information to process your application. Incomplete applications will result in assessment delays and applicants will be notified in writing. Your application will be valid for one (1) year from initial receipt. Should your application remain incomplete at the end of this one (1) year time frame, you will be required to reapply.

You will be notified in writing of the outcome of the Assessment and the next steps in the process.

#### Please note:

- To prevent delays in assessment of your application please read the application form (including the **Explanatory Notes & Checklist**) carefully and ensure you have provided all the relevant supporting documentation and that the documents provided are correctly certified
- Please refer to the Australian Dental Council's certification guidelines which can be downloaded from the ADC website at [www.adc.org.au](http://www.adc.org.au)

#### Immigration Information

If you are an overseas trained dentist who intends to migrate and work as a dentist in Australia, you should first contact the nearest Australian Embassy, High Commission or consulate for information about migration procedures and requirements for assessment of your qualifications. Information relevant to the general skilled migration categories is available from these Australian overseas posts.

If you are already in Australia on a temporary basis but need a skills assessment to support an application to change your immigration status to Australian resident, you should seek the advice of the Department of Immigration in your state or territory (<http://www.immi.gov.au/contacts/>).

#### Other documents we may need



Sometimes we may ask for additional documents or information where insufficient evidence has been provided.

### **What you should not send**

All of the documents required for the assessment of your qualifications are included in the Checklist. Do not send additional documents such as any specialty course results, continuing professional education certificates or your primary qualification course syllabus.

### **Identity/Change of Name**

Applicants must state their full legally registered name **exactly as it appears on your passport**. Any change in name will need to be supported by official documentation showing the link with previous names (*e.g.* before and after marriage). The ADC does not accept Affidavits/Statutory Declarations for this purpose.

### **Certification**

It is essential that copies of documents are certified. Each copy must be clearly certified by an appropriate person as a true copy of the original. Please refer to the Australian Dental Council's certification guidelines which can be downloaded from the ADC website at [www.adc.org.au](http://www.adc.org.au).

Any original documents submitted to the ADC will not be returned to you.

### **Translation of Documents**

Certified translations in English of all non-English documents must be provided and attached to the document/s to which they refer. The ADC reserves the right to request that applicants provide translation completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Level 3 accreditation is normally required.

#### Please note:

- The translator's details (name, address, etc.) must be stated in English
- Certification statements on translated documents must be translated in English.

### **Applicant's Personal Contact Details**

ALL applicants must complete Section C of this application to ensure accurate information is provided for future use.

### **Agents**

The ADC normally deals directly with applicants seeking an assessment of their overseas qualifications. Australia's privacy legislation prohibits the ADC from discussing your application with other people (third parties) unless specifically authorised to do so.

If you want someone such as a family member or other agent to deal with the ADC on your behalf, you will need to indicate this by completing the ADC's Authority to Act form. Once your Authority to Act form has been processed all correspondence will be sent only to the person you have nominated.

- Please refer to the Australian Dental Council's Authority to Act form which can be downloaded from the ADC website at [www.adc.org.au](http://www.adc.org.au)

### **Professional References**

You will need to provide two recent (dated) written professional references attesting to your competence and good standing as a dentist, from employers, supervisors or tutors or, if you were self-employed, from professional colleagues. The ADC will not accept professional references from family members.



## Checklist

<p><b>Section A</b> Photographic Identification</p>	<input type="checkbox"/> Please supply <b>one (1)</b> <u>certified</u> colour passport-size photographs of yourself for the purpose of identification.
<p><b>Section B</b> Applicant's Personal Details and Identification</p>	<input type="checkbox"/> <u>Certified</u> copy of current passport - relevant pages.  <input type="checkbox"/> <u>Certified</u> copy of evidence of change of name documentation where applicable.
<p><b>Section C</b> Applicant's Contact Details</p>	<input type="checkbox"/> All details completed. (no supporting documents required)
<p><b>Section D</b> Authority to Act/Agent</p>	<input type="checkbox"/> (If applicable) Authority to Act form
<p><b>Section E</b> Primary Dentistry Education Details</p>	<input type="checkbox"/> <u>Certified</u> copy of degree, diploma or certificate in original language. <input type="checkbox"/> <u>Certified</u> copy of an official transcript of your primary dentistry education course completed in original language. Transcript <b>MUST</b> state: <ul style="list-style-type: none"> <li>• Applicant's name</li> <li>• Subjects</li> <li>• Theory total hours</li> <li>• Clinical total hours</li> <li>• Course start and completion dates</li> <li>• Language in which course was taught</li> <li>• Examination results and details.</li> </ul> <input type="checkbox"/> <u>Certified</u> copy of evidence of internship where applicable.
<p><b>Section F</b> Secondary Education Details</p>	<input type="checkbox"/> <u>Certified</u> copy of evidence may include but is not limited to a school leaving certificate or a Year 12 certificate: <ul style="list-style-type: none"> <li>• name and location of the secondary education provider</li> <li>• the years in which an applicant undertook their secondary education at this location</li> <li>• the final year of secondary education completed</li> <li>• Language in which secondary education was taught.</li> </ul>
<p><b>Section G</b> Registration History</p>	<input type="checkbox"/> <u>Certified</u> copy of first registration certificate/licence <input type="checkbox"/> <u>Certified</u> copy of current registration certificate/licence <input type="checkbox"/> Request a Letter/Certificate of Good Standing to be forwarded <b>DIRECTLY</b> to the Australian Dental Council.  Applicant cannot submit this document.

<p><b>Section H</b> Employment History</p>	<p><input type="checkbox"/> <u>Certified</u> copy of official work statement must contain the following information from each of your employers:</p> <ul style="list-style-type: none"> <li>• On official letter head (including full address and contact business details)</li> <li>• Date issued</li> <li>• Applicant's name in full</li> <li>• Employment start and finish dates</li> <li>• Confirms the applicant was employed as a registered dentist</li> <li>• Signed by a recognised Manager/Director</li> </ul> <p>Or if Self-employed</p> <p><input type="checkbox"/> <u>Certified</u> copy of appropriate evidence, <i>e.g.</i> tax documents, accountant business records, practice records, business registration certificate</p> <p>Or if not employed in the past five years</p> <p><input type="checkbox"/> (If applicable) a signed written statement explaining why you have not worked in the last 5 years</p>
<p><b>Section I</b> Professional References</p>	<p><input type="checkbox"/> Original or <u>certified</u> copies of two recent (dated) written professional references containing the following information:</p> <ul style="list-style-type: none"> <li>• On official letter head of the person, company or government department providing the reference (including full address and contact business details)</li> <li>• Date issued</li> <li>• Applicant's name in full</li> <li>• Attesting to your competence and good standing as a dentist</li> <li>• Signed by employer, supervisor or tutor or, if you were self-employed, from professional colleagues.</li> </ul>
<p><b>Section J</b> Declaration</p>	<p><input type="checkbox"/> Signed and dated (no supporting documents required)</p>
<p><b>Section K</b> Payment</p>	<p><input type="checkbox"/> All Payment details completed and/or enclosed.</p>

**Post your completed application form together with your supporting documentation and application fee to:**

Australian Dental Council  
 PO Box 13278  
 Law Courts,  
 Victoria 8010  
 Australia