

Office Use Only

Ref No:

Application for Initial Assessment of Overseas Qualified Dental Hygienist and/or Dental Therapist

AS-2 V6



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”**

<p>Type of Practitioner Indicate the discipline/s your training and work experience is in (tick as many boxes as are relevant):</p> <p><input type="checkbox"/> Dental hygiene <input type="checkbox"/> Dental therapy</p>	<p>Type of Examination Indicate which type of examination process you wish to undertake (tick as many boxes as are relevant):</p> <p><input type="checkbox"/> Dental hygiene <input type="checkbox"/> Dental therapy</p>
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Section A Photographic Identification	
<p>1. Please supply one (1) certified colour passport-size photograph of yourself for the purpose of identification</p>	<p>The photograph must not be older than three (3) months</p> <p style="text-align: center;">DO NOT ATTACH PHOTOGRAPH HERE</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin-left: auto; margin-right: auto; text-align: center; padding: 10px;"> (Office Use Only) </div>

Section B Applicant’s Personal Details and Identification	
2. Surname /Family name	
3. Given/first name(s)	
4. Previously known or Other name(s) known by	Surname/Family Name <hr/> Given/First Name(s)
5. Date of Birth & Sex	Day / Month / Year <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Female <input type="checkbox"/> Male </div>



Section C Applicant's Personal Contact Details

6. Contact details for applicant only	Address
	City
	State/Territory Area/Postcode
	Country
	Telephone
	Email Address

Section D Authority to Act (Nomination of a person or agent to act on your behalf)

7.	<p><i>It is not necessary to nominate a person or an agent to apply for Initial Assessment. If you choose to do so however you must complete an Authority to Act form (available on the Australian Dental Council's website).</i></p> <p>I wish to nominate a person/agent to act on my behalf.</p> <p><input type="checkbox"/> Yes - I have attached a completed Authority to Act form and understand the Australian Dental Council will forward ALL correspondence to my chosen nominee.</p> <p><input type="checkbox"/> No</p>
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Section E Professional Education

Please note that you cannot apply to undergo the examination process unless you have an accepted qualification in dental hygiene or dental therapy. For instance, those qualified only as **dentists** are **not eligible to apply** for this assessment pathway.


8. Indicate the areas of your education and training (Tick as many boxes as are relevant in either dental hygiene and/or dental therapy.)

<p>Dental Hygiene Practice Clinical skills</p> <p><input type="checkbox"/> Diagnosis and treatment planning</p> <p><input type="checkbox"/> Preventive dentistry</p> <p><input type="checkbox"/> Oral health education</p> <p><input type="checkbox"/> Local anaesthesia</p> <p><input type="checkbox"/> Oral radiography</p> <p><input type="checkbox"/> Periodontics</p> <p><input type="checkbox"/> Dental impression taking</p> <p><input type="checkbox"/> Orthodontics - please specify areas/topics covered in your education and training</p> <p>.....</p> <p>.....</p>	<p>Dental Therapy Practice Clinical skills</p> <p><input type="checkbox"/> Diagnosis and treatment planning</p> <p><input type="checkbox"/> Preventive dentistry</p> <p><input type="checkbox"/> Oral health education</p> <p><input type="checkbox"/> Local anaesthesia</p> <p><input type="checkbox"/> Oral radiography</p> <p><input type="checkbox"/> Exodontia</p> <p><input type="checkbox"/> Restorative dentistry</p> <p><input type="checkbox"/> Dental impression taking</p> <p><input type="checkbox"/> Orthodontics - please specify areas/topics covered in your education and training</p> <p>.....</p> <p>.....</p>
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Section E Professional Education 

<input type="checkbox"/> Other - please specify When was your education and training in dental hygiene completed? <div style="text-align: center;"> Month / Year </div>	<input type="checkbox"/> Other - please specify When was your education and training in dental therapy completed? <div style="text-align: center;"> Month / Year </div>
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Dental Hygiene and / or Dental Therapy Qualifications 
 Attach a separate sheet (clearly marked with your name) with the details of any qualifications that do not fit within the space below

Dental Hygiene	
9. Title of Dental Hygiene Qualification	
10.Name of the institution/ University/ College	
11.Address of the institution /university / college	Address
	City
	State/Territory
	Area/Postcode
12.Length of your 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
13. Course dates	Date Commenced: / / Date Completed: / / <div style="text-align: center;"> Day Month Year Day Month Year </div>



Dental Therapy	
14. Title of dental therapy Qualification	
15. Name of the institution/ university/ college	
16. Address of the institution /university / college	<i>Address</i>
	<i>City</i>
	<i>State/Territory</i> <i>Area/Postcode</i>
	<i>Country</i>
17. Length of your 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
Dental Hygiene and / or Therapy	
18. Country in which you obtained your primary qualifications in dental hygiene and/or dental therapy	<p>Tick the box of the country in which you obtained your primary qualification in dental hygiene and/or dental therapy:</p> <p><input type="checkbox"/> Australia</p> <p><input type="checkbox"/> Canada</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> South Africa</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> United States of America</p> <p><input type="checkbox"/> Other (please state) _____</p> <p>_____</p>



Section F Registration/Licence History	
26. Licensing exam	<p>Did you sit and pass a national or regional licensing/registration examination to gain registration?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, state name of examination and examining authority</p> <p>_____</p> <p>_____</p>
27. Name of your first dental hygiene/dental therapy Registration/Licence Authority	
28. Date of first Registration/Licence	<p> / /</p> <p><i>Day Month Year</i></p>
29. Name of your current or most recent dental hygiene/dental therapy Registration/Licence Authority	
30. Expiry date of current or most recent Registration/Licence	<p> / /</p> <p><i>Day Month Year</i></p>
31. 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 your registration/licence withdrawn? <input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>Are you subject to any professional disciplinary/ <input type="checkbox"/> *Yes <input type="checkbox"/> No legal proceedings past or pending?</p> <p style="text-align: center;">(* If "Yes" you must provide a signed written explanation)</p>

Section F Registration/Licence History 

<p>32. Letter of Good Standing</p> <p><i>(this document cannot be submitted by applicants)</i></p>	<p>The Australian Dental Council requires an original Letter/Certificate of Good Standing (issued in English) to be forwarded directly from the most recent registration/licence authority to the Australian Dental Council.</p> <p style="text-align: center;"><input type="checkbox"/> Yes, I have requested a Letter/Certificate of Good Standing to be provided to the ADC</p> <p style="text-align: center;"><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>
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Section G Employment History 

33. Indicate the nature of your clinical practice

<u>Dental Hygiene Practice</u>	<u>Dental Therapy Practice</u>
Patient profile <u>Age Range of patients you treated</u>	Patient profile <u>Age Range of patients you treated</u>
<input type="checkbox"/> Children From.....To	<input type="checkbox"/> Children From.....To
<input type="checkbox"/> Adolescents From.....To	<input type="checkbox"/> Adolescents From.....To
<input type="checkbox"/> Adults From.....To	<input type="checkbox"/> Adults From.....To
Type of practice	Type of practice
<input type="checkbox"/> Direct on site supervision	<input type="checkbox"/> Direct on site supervision
<input type="checkbox"/> On prescription of a dentist	<input type="checkbox"/> On prescription of a dentist
<input type="checkbox"/> Consultative arrangement (formal, documented)	<input type="checkbox"/> Consultative arrangement (formal, documented)
<input type="checkbox"/> By referral	<input type="checkbox"/> By referral
<input type="checkbox"/> Independent	<input type="checkbox"/> Independent
Location of practice	Location of practice
<input type="checkbox"/> Private	<input type="checkbox"/> Private
<input type="checkbox"/> Public sector/government	<input type="checkbox"/> Public sector/government

34. Recency of practice: Have you worked as a registered dental hygienist and /or dental therapist in the last 5 years?

<u>Dental Hygiene Practice</u>	<u>Dental Therapy Practice</u>
<p><input type="checkbox"/> Yes - Please complete the employment details below for each employer</p> <p><input type="checkbox"/> No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more.</p> <p><input type="checkbox"/> Not applicable</p> <p><i>(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)</i></p>	<p><input type="checkbox"/> Yes - Please complete the employment details below for each employer</p> <p><input type="checkbox"/> No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more.</p> <p><input type="checkbox"/> Not applicable</p> <p><i>(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)</i></p>



Section G Employment History 

35. Employment Details	
Name of the Employer #1	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /
Name of the Employer #2	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /
Name of the Employer #3	
State, Territory and Country	
Your Position	
Dates of Employment	<i>Date Commenced:</i> / / <i>Date Completed:</i> / /

Section H Professional References 

36. Professional References	<p>The Australian Dental Council requires two recent written professional references attesting to your competence and good standing as a dental hygienist and/or dental therapist, 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>
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Section I Secondary (High School) Education Details	
37. Secondary School	<p>Did you undertake your Secondary (High School) Education in one of the following countries:</p> <p>Australia Canada New Zealand Republic of Ireland South Africa United Kingdom United States of America</p> <p><input type="checkbox"/> No (go to Section J) <input type="checkbox"/> Yes (go to Q38.)</p>
38. Name of your Secondary School	
39. Length of your secondary education	Years _____ Months _____ Did you complete your secondary schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Language of secondary education	Was your secondary schooling in English? <input type="checkbox"/> Yes <input type="checkbox"/> No (please state) _____
41. Secondary education dates	<p>Date Commenced: / / Date Completed: / /</p> <p>Day Month Year Day Month Year</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 dental hygienist and/or dental therapist or otherwise regarding matters relevant to this application
- I consent to the Australian Dental Council and any approved examining body sharing my personal information including, but not limited to, information associated with my application and any subsequent results from the examination process
- 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 F
- 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 provision of 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



Section K Payment

Assessment Fee Payable

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 <http://www.adc.org.au/fees.pdf>

Bank Cheque or Australian Money Order payments:

Bank cheque

Money order

Payment made by Bank cheque or Australian Money Order MUST be made in Australian dollars only.

Please note that we are unable to accept cheques from the Bank of India.

Credit Card Type (please tick)

Visa

MasterCard

I, authorise the Australian Dental Council to deduct from my credit card the assessment fee of \$..... (AUD)

Name of cardholder

Card number

Expiry Date

Signature of cardholder

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

Office Use only

Payment processed:/...../.....

Receipt Number:

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

Australian Dental Council
PO Box 13278
Victoria Australia 8010

Explanatory Notes & Checklist



Explanatory Notes – please keep for future reference

Introduction

If you are an overseas qualified dental hygienist or dental therapist who intends to migrate and work as a dental hygienist and/or dental therapist 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 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.

Overseas qualified dental hygienists and/or dental therapists who wish to work as dental hygienists and/or dental therapists in Australia and who do not hold a qualification approved by the Dental Board of Australia for registration can undertake an assessment pathway overseen by the Australian Dental Council (ADC). This pathway involves an initial assessment of eligibility to proceed with the examination process (this assessment is carried out by the ADC) plus an examination process (the examination process is conducted by an approved examining body). Successful completion of the assessment pathway leads to the award of the ADC Certificate (Dental Hygienist) and/or the ADC Certificate (Dental Therapist).

The first step in the Australian Dental Council pathway is the assessment of the qualified dental hygienist and/or dental therapist's primary professional qualifications in dental hygiene and/or dental therapy. The Australian Dental Council (ADC) assesses your professional qualifications, work experience, registration/licensure history, good standing and other matters to establish your eligibility to proceed with the examination process. This assessment is based on the information you provide in this Application. Overseas qualified dental hygienists and/or dental therapists may be eligible to undertake the ADC examination pathway if they hold a dental hygiene/dental therapy qualification which was obtained after at least two years' full-time academic study and they hold registration/licensure as a dental hygienist and/or dental therapist in their country of training or practice and there has been no withdrawal of registration or refusal to register.

The information on the Application form is collected by the ADC for the purposes of establishing your eligibility to enter the examination process. 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. We will share information about your application and any subsequent results from the examination process with the approved examining bodies.

The assessment of your application may take up to 8 weeks from the date your complete 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. Your application will be valid for one (1) year from the date of 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. After your application has been assessed and eligibility to undertake the examination process has been established, you will be sent information about the examinations that you are eligible to undertake and how to contact the examining bodies.

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

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

Do not send additional documents such as continuing professional education certificates.

All of the documents required for the initial assessment of your qualifications are included in the Checklist.

Type of Practitioner and Type of Examination

The ADC will evaluate your application and determine what type of examination, if any, your qualifications and experience enable you to undertake. Applicants should be aware that the practice of dental hygiene and dental therapy in Australia may not equate directly with their practice in other countries. Applicants will be expected to have completed training in some core areas as a prerequisite to undergoing the examination process, including for example the management and administration of local anaesthesia. The examination is set at a standard that is equivalent to that for current graduates from an accredited Australian program of study in dental hygiene or dental therapy. It assesses candidates' knowledge, clinical skills and professional attributes to practise with safety in the Australian community.

The ADC's documents on **Professional attributes and competencies of the newly qualified dental hygienist / dental therapist** provide useful information about the standards of dental hygiene and dental therapy education and training in Australia and are available on the ADC website at <http://www.adc.org.au/adcmajoractivities.html>

If you are eligible to proceed to the examination process you will be provided with the details of the examining bodies and how to contact them to arrange to sit the examination. The ADC does not conduct the examinations and is not able to provide detailed information about scheduling or other specific requirements of the examining bodies.

Local Anaesthesia and Orthodontics

Applicants must include documentary evidence of their formal training (including a copy of the curriculum) in the administration and management of local anaesthesia and orthodontics (as it relates to dental hygiene and /or dental therapy practice). This training may have been provided as part of your primary qualification or as a course of further training. There are two pathways for applicants who do not have this training. You can either undertake an 'approved add-on program of training' as recognised by the Dental Board of Australia (listed on their website at <http://www.dentalboard.gov.au/>) or undertake an equivalent course in the country where you obtained your primary qualification.

Identity/Change of Name

Applicants must state their full legally registered name. 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.

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

Professional References

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

Fees payable

The fee for assessment of eligibility to proceed with the examination process must accompany this application form. The ADC website has information about the current fees.

Additional fees for undertaking the written and clinical components of the examination process will also apply and are payable directly to the examining body, which is the institution that conducts the examination.

Further Information

For more details about the steps involved in the pathway see the document entitled ***Information about the assessment pathway to registration in Australia for overseas qualified dental hygienists and dental therapists*** which is on the ADC website at www.adc.org.au



Checklist

Section A Photographic Identification	<input type="checkbox"/> One (1) <u>certified</u> colour passport-size photographs of yourself for the purpose of identification
Section B Applicant's Personal Details and Identification	<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
Section C Applicant's Contact Details	<input type="checkbox"/> All details completed (no supporting documents required)
Section D Authority to Act/Agent	<input type="checkbox"/> (If applicable) Authority to Act form
Section E Primary dental hygiene/ dental therapy education details	<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 dental hygiene and/or dental therapy education course completed in original language. Transcript MUST state: <ul style="list-style-type: none"> • Applicant's name • Subjects • Theory total hours • Clinical total hours • Course start and completion dates • Language in which course was taught • Examination results and details <input type="checkbox"/> <u>Certified</u> copy of evidence of further training in original language where applicable <input type="checkbox"/> <u>Certified</u> copy of course outline/syllabus of the educational courses completed showing details course content including subjects, hours, the theoretical and clinical content of the course in original language
Section F Registration History	<input type="checkbox"/> Certified copy of results of any national/state/regional board exam for licensure (if relevant) <input type="checkbox"/> <u>Certified</u> copy of first registration/licence certificate <input type="checkbox"/> <u>Certified</u> copy of current registration/licence certificate <input type="checkbox"/> Request a Letter/Certificate of Good Standing (in English) to be forwarded DIRECTLY to the Australian Dental Council. Applicant cannot submit <input type="checkbox"/>



<p>Section G Employment History</p>	<p><input type="checkbox"/> (If applicable) a signed written statement explaining why you have not worked in the last 5 years</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"> • On official letter head (including full address and contact business details) • Date issued • Applicant’s name in full • Employment start and finish dates • Confirms the applicant was employed as a registered dental hygienist and/or dental therapist • Signed by a recognised Manager/Director <p>Or if Self-employed</p> <p><input type="checkbox"/> <u>Certified</u> copy of appropriate evidence, e.g. tax documents, accountant business records, practice records, business registration certificate</p>
<p>Section H 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"> • On official letter head of the person, company or government department providing the reference (including full address and contact business details) • Date issued • Applicant’s name in full • Attesting to your competence and good standing as a dental hygienist and/or dental therapist • Signed by employer, supervisor or if you were self-employed, from professional colleagues.
<p>Section I Secondary Education Details</p>	<p><input type="checkbox"/> <u>Certified</u> copy of evidence of may include but is not limited to a school leaving certificate or a Year 12 certificate:</p> <ul style="list-style-type: none"> • name and location of the secondary education provider • the years in which an applicant undertook their secondary education at this location • the final year of secondary education completed • Language in which secondary education was taught
<p>Section J Declaration</p>	<p><input type="checkbox"/> Signed and dated (no supporting documents required)</p>
<p>Section K Payment</p>	<p><input type="checkbox"/> All payment details completed and/or enclosed</p>
<p>Translations</p>	<p><input type="checkbox"/> (If applicable) <u>Certified</u> translations in English of all relevant documents, attached to the document/s to which they refer</p>

Post your completed application form together with your supporting documentation and application fee to:
 Australian Dental Council
 PO Box 13278
 Law Courts
 Melbourne Victoria Australia 8010