



**Australian  
Dental  
Council** LTD

ABN 70 072 269 900

# Application for Verification of Practical Examination Results

You should carefully read the **ADC Policy on Verification of ADC Practical Examination Results** before completing this form. Late and/or incomplete applications will not be accepted.

PE- 2 V5

Name

ADC Reference No.

OFFICE USE ONLY  
Date Received Stamp

Date of Birth

 /  / 

Email Address

Address

  
  


Exam Venue

Exam Date

## Verification of ADC Practical Examination Results

I wish to apply for verification of my results for the ADC Practical Examination.

Candidates who fail the Practical Examination may request the ADC Director, Assessments and Examinations, to undertake a review of the relevant records to confirm the accuracy of the result notified to them for each task and for the overall grade in accordance with the decision of the examiners.

Signature of Applicant and Consent to Collect Information

Date

 /  / 

Application Fee Payable: \$ \_\_\_\_\_ AUD

Please refer to the current Schedule of Fees on the ADC website: <http://www.adc.org.au/fees.pdf>  
Applications with the incorrect fee will not be processed.

Cheques/money orders must be made payable in Australian Dollars to the Australian Dental Council. **Please note that we are unable to accept cheques from the Bank of India.**

Bank cheque/Australian Money Order enclosed

Credit Card (choose one)

MasterCard

Visa

Name of cardholder

Card number

Expiry Date

 / 

Amount

 \$  AUD

Signature of cardholder

**Send your completed application to: Australian Dental Council, PO Box 13278 Law Courts Melbourne VIC 8010, Australia**

The completed application form together with the required fee must be received by the ADC within 28 days of the date results were posted online.