

## Application for Initial Assessment of Overseas Qualified Dental Prosthetist

Office Use Only

AS-3 V1

Ref No: Z /

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


Ensure you have attached ALL supporting documentation and payment as listed in the **Checklist**.


Please write clearly in English using CAPITAL LETTERS in either black or blue pen.

Please ensure the declaration has been signed and dated.





When you see this symbol, supporting documentation is required as evidence (see Checklist).


<b>Section A</b>	<b>Photographic Identification</b> 
<p>Please submit two (2) correctly certified colour passport-sized photographs of yourself for the purpose of identification.</p>	<p>The photographs must not be older than nine (9) months.</p> <p>Photographs must be certified on the back according to the certification guidelines (must include the statement true likeness of [your name], as well as the date, signature, full name, contact details and title of the authorised officer).</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 20px;">           STAPLE BOTH PHOTOGRAPHS HERE         </div>


<b>Section B</b>	<b>Applicant's Personal Details and Identification</b> 	
	Please enter your full name exactly as it appears on your current passport.	
Surname / Family Name		
Given / First Name(s)		
Middle Name(s)		
Previous / Other Name(s)		
Date of Birth	Day / Month / Year	Sex


<b>Section C</b>	<b>Applicant's Personal Contact Details</b> Contact details for applicant only. Please use CAPITAL LETTERS
	<i>Email Address</i>
	<i>PO Box number or street address</i>
	<i>City</i>
	<i>State/Territory</i> <span style="float: right;"><i>Area/Postcode</i></span>
	<i>Country</i>
	<i>Telephone (include country code)</i>

<b>Section D</b>	<b>Authority to Act</b> (nomination of a person or agent to act on your behalf) 
	<input type="checkbox"/> Yes, I have attached an Authority to Act form and understand that the ADC will forward ALL correspondence to my chosen nominee.  <input type="checkbox"/> No, the ADC will send correspondence to my personal contact details only

<b>Section E</b>		<b>Professional Education</b>		
<b>Primary Qualification in Dental Prosthetics</b>				
Title of Qualification				
Name of University/Institution				
Address of the University/Institution	<i>Address</i>			
	<i>City</i>	<i>State/Territory</i>	<i>Country</i>	
Course Length	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			
Course Dates	Date Commenced: _____ / _____ / _____ <i>Day Month Year</i>		Date Completed: _____ / _____ / _____ <i>Day Month Year</i>	
Total Theoretical Hours		Total Clinical Hours		
<b>Qualification in Dental Technology (if applicable)</b>				
Title of Qualification				
Name of University/Institution				
Address of the University/Institution	<i>Address</i>			
	<i>City</i>	<i>State/Territory</i>	<i>Country</i>	
Course Length	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			
Course Dates	Date Commenced: _____ / _____ / _____ <i>Day Month Year</i>		Date Completed: _____ / _____ / _____ <i>Day Month Year</i>	
Total Theoretical Hours		Total Laboratory Hours		

Section F	Registration/Licence History 
Registration/ Licence Authority you were first registered with	
Date of first <b>full</b> registration	Day / Month / Year
Registration/ Licence Authority you were most recently registered with	
Expiry date of most recent registration	Day / Month / Year
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/ legal proceedings past or pending? <input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>(* If "Yes" please provide a signed written explanation)</p>
Letter of Good Standing	<p>The Australian Dental Council (ADC) requires an original Letter/Certificate of Good Standing from the registration/licence authority you were most recently registered with. This must be sent directly to the ADC.</p> <p><input type="checkbox"/> Yes, I have requested a Letter/Certificate of Good Standing to be posted to the ADC.</p> <p><i>(This document will not be accepted if it is provided by the applicant. It must be sent directly from the registration/licence authority to the ADC. If the document is not in English, the ADC will arrange for translation.)</i></p>

<b>Section G</b>	<b>Employment History</b> 
Recency of Practice	<p>Have you worked as a registered dental prosthetist in the last five (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 last five (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 Employer #1	
State, Territory and Country	
Your Position	
Dates of Employment	<p><i>Date Commenced:</i>            /            /            <i>Date Completed:</i>            /            /</p>
Name of Employer #2	
State, Territory and Country	
Your Position	
Dates of Employment	<p><i>Date Commenced:</i>            /            /            <i>Date Completed:</i>            /            /</p>
Name of Employer #3	
State, Territory and Country	
Your Position	
Dates of Employment	<p><i>Date Commenced:</i>            /            /            <i>Date Completed:</i>            /            /</p>

<b>Section H</b>	<b>Professional References</b> 
	<p>Please submit <b>two (2)</b> different recent professional references attesting to your competence and good standing as a dental prosthetist. The references can be from employers, supervisors, tutors or professional colleagues (if you were self-employed).</p>
Reference 1 (name)	
Reference 2 (name)	

**Section I**

**Declaration**



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

- I consent to the ADC making inquiries and/or exchanging information with the authorities of any Australian state or territory, or other country, regarding my practice as a dental prosthetist or otherwise regarding matters relevant to this application.
- I undertake to inform the ADC 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 E.
- I have read the explanatory notes and authorise the ADC to make any enquiries necessary to assist in the assessment of my application.
- I acknowledge that the ADC 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 ADC 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.
- I consent to the ADC contacting me for quality control, educational and/or research purposes.

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

Date:                    /                    /                     
                                 Day                    Month                    Year

**Please ensure that your signature matches the signature on the identification provided.**

**Please post your completed application form together with your supporting documentation and application fee to either:**

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

**OR**

**Australian Dental Council  
Level 2  
99 King Street  
Melbourne  
Victoria 3000 Australia**

**If you are using a local or international courier to deliver a document, please only address to:**

**Australian Dental Council  
Level 2  
99 King Street  
Melbourne  
Victoria 3000 Australia**

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

Ensure you have attached ALL supporting documentation and payment as listed in the **Checklist**.

Please write clearly in English using CAPITAL LETTERS in either black or blue pen.

Please ensure the declaration has been signed and dated.



When you see this symbol, supporting documentation is required as evidence (see Checklist).

**Section J**                      **Payment** 

**Initial Assessment of Overseas Qualified Dental Prosthetist 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 or cheques with adhesive tape on the face of the cheque.**

**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



## Explanatory Notes

### Introduction

The first step in the ADC pathway is the assessment of the overseas qualified dental prosthetist's qualification(s).

The ADC assesses your professional qualification(s) in dental prosthetics, 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 dental prosthetists may be eligible to undertake the ADC examination pathway if they hold a qualification from an acknowledged education provider, obtained after:

- At least three (3) years full-time academic study for a bachelor of dental prosthetics program
- At least two (2) years part-time academic study for an advanced diploma of dental prosthetics program (following a two (2) year full-time diploma of dental technology program)

Applicants must also have held full registration/licensure as a dental prosthetist in their country of training or practice and there must have 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 eight (8) 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 via email if we need any additional information to process your application. Incomplete applications will result in assessment delays and applicants will be notified via email. Your incomplete 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 via email 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 ADC [Certification guidelines](#).

### Immigration Information

If you are an overseas trained dental prosthetist who intends to migrate and work as a dental prosthetist in Australia, you should first contact your nearest Australian Embassy, High Commission or consulate for information about migration procedures and requirements for assessment of your qualifications.

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 and Border Protection in your state or territory (<http://www.border.gov.au/about/contact/>).

### Other documents we may need

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

## Explanatory Notes (continued)

### 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.

### Identity/Change of Name

Applicants must state their full legally registered name **exactly as it appears on their 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.

If the name on your degree certificate does not match your passport (for example, includes your father's name or has abbreviated one of your names) and isn't accounted for by other evidence of name change, please provide a letter from your university acknowledging that both names refer to you.

### 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 ADC [Authority to Act Form](#)

### Professional References

You will need to provide two recent (dated) written professional references attesting to your competence and good standing as a dental prosthetist, 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 of Documents to Provide

<p><b>Section A</b> Photographic Identification</p>	<p><input type="checkbox"/> Two (2) <u>correctly certified</u> colour passport-size photographs of yourself for the purpose of identification.</p>
<p><b>Section B</b> Applicant's Personal Details and Identification</p>	<p><input type="checkbox"/> <u>Certified</u> High resolution colour copy of current passport – relevant pages (must include signature).</p> <p><input type="checkbox"/> <u>Certified</u> copy of evidence of change of name documentation such as marriage certificate (if applicable).</p>
<p><b>Section C</b> Applicant's Personal Contact Details</p>	<p><input type="checkbox"/> Please ensure all details are completed. No additional documents are required.</p>
<p><b>Section D</b> Authority to Act</p>	<p><input type="checkbox"/> Authority to Act form (if applicable).</p>
<p><b>Section E</b> Primary Dental Prosthetist Education Details and Dental Technician Education Details (if applicable).</p>	<p><input type="checkbox"/> <u>Certified</u> copy of official degree, diploma or certificate(s) in original language (provisional certificates are not sufficient).</p> <p><input type="checkbox"/> <u>Certified</u> copy of official transcript of your relevant qualifications completed in original language. Transcripts MUST state:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant's name</li> <li><input type="checkbox"/> Subjects</li> <li><input type="checkbox"/> Total theoretical hours</li> <li><input type="checkbox"/> Total clinical hours</li> <li><input type="checkbox"/> Course start and completion dates</li> <li><input type="checkbox"/> Examination results and details</li> </ul> <p><input type="checkbox"/> <u>Certified</u> copy of evidence of internship (if applicable).</p> <p><input type="checkbox"/> <u>Certified</u> copy of course syllabus.</p>
<p><b>Section F</b> Registration/Licence History</p>	<p><input type="checkbox"/> <u>Certified</u> copy of first registration certificate/license.</p> <p><input type="checkbox"/> <u>Certified</u> copy of current/most recent registration certificate/license.</p> <p><input type="checkbox"/> Request a Letter/Certificate of Good Standing to be posted DIRECTLY to the ADC. Letters submitted by candidate will not be accepted.</p>
<p><b>Section G</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 dental prosthetist</li> <li>• Signed by a recognised Manager.</li> </ul>

### Checklist of Documents to Provide (continued)

<p><b>Section G</b>        Employment History        (Continued)</p>	<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>Or if not employed in the past five (5) years</p> <p><input type="checkbox"/> (if applicable) a signed written statement explaining why you have not worked in the last five (5) years</p>
<p><b>Section H</b>        Professional        References</p>	<p><input type="checkbox"/> Original or <u>certified</u> copies of two <b>different</b> recent (dated) professional references containing the following information:</p> <ul style="list-style-type: none"> <li>• On official letterhead of the person, company or government department providing the reference (including full address and business contact details)</li> <li>• Date issued</li> <li>• Applicant's name in full</li> <li>• Attesting to your competence and good standing as a dental prosthetist</li> <li>• Signed by an employer, supervisor or tutor, or if you were self-employed, from a professional colleague.</li> </ul>
<p><b>Section I</b>        Declaration</p>	<p><input type="checkbox"/> Signed (matching signature on identification) and dated. No additional documents are required.</p>
<p><b>Section J</b>        Payment</p>	<p><input type="checkbox"/> All payment details completed and/or enclosed.</p>