AUSTRALIAN DENTAL COUNCIL

Application for renewal of initial assessment of overseas qualified dental practitioner

Form AS-1 V1

Key

Note. Highlights additional information.

Attention! Highlights important information about the form.

For ADC use only

Before completing this form, please read all sections of the form including the checklist and explanatory notes. Please complete the application form in English. Please complete in **CAPITAL LETTERS** using a **blue** or **black** pen.

Please post the application renewal form, including the necessary supporting documentation, to the Australian Dental Council (ADC) once completed. As we need to assess the form and the certified supporting documentation, we cannot accept scanned or emailed application forms.

Sections accompanied by information you have provided. indicate areas where supporting documentation is required as evidence of the supplied. Please ensure all supporting documentation listed in the **Checklist** is

Processing time for your application: Please allow a turnaround of approximately 8 weeks from date of receipt.

SECTION A. PHOTOGRAPHIC IDENTIFICATION

1. Please supply two **certified**, colour passport sized photographs of yourself for the purpose of identification.

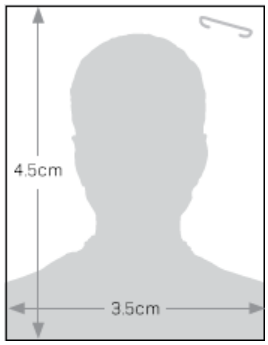
   Photographs must not be older than nine (9) months.

   Photographs must be certified on the back according to the certification guidelines, including:

   - the statement *This is a true photograph of [INSERT NAME]*
   - **AND** the date, full name, signature, title, and contact details of the authorising officer.

   The *Certification of document guidelines* is available here.

Please staple photographs here.



SECTION B. APPLICANT'S PERSONAL DETAILS AND IDENTIFICATION

Please ensure you enter your full name exactly as it appears on your passport.

2. ADC Reference no. Z /
3. Surname/family name
4. Given name(s)
5. Middle name(s)
6. Date of birth (DD/MM/YYYY) ☐☐ / ☐☐ / ☐☐☐☐
7. Sex ☐ Male ☐ Female ☐ Other: _____
8. Previously known or other name(s) known by (e.g. maiden name) (if applicable)

   Previous Surname/Family Name

   Previous Given/First Name(s)

SECTION C. APPLICANT'S PERSONAL CONTACT DETAILS

9. **Please provide the correct address for the applicant named in Section B**

Number and street			
Suburb/Town/City		State/Territory/Province	
Country		Postcode	
Home phone number (Including country code)	+	Mobile number (Including country code)	+
Applicant email			

SECTION D. AUTHORITY TO ACT (OPTIONAL)

10. It is not necessary to, but you may nominate a person, or an agent, to receive all correspondence regarding the dental practitioner assessment renewal process on your behalf. If you choose to do so, you will need to complete an *Authority to act* form. This form is available from our website adc.org.au under *Assessment Publications*.

Do you wish to nominate someone to act on your behalf? Please mark ☒ one option only.

☐ Yes. I have completed and attached an *Authority to act* form and understand all correspondence regarding the dental practitioner assessment process will be forwarded to my chosen nominee.

☐ No, I do not wish to have someone act on my behalf.

Please note: A new authority to act must be nominated with each application.

SECTION E. REGISTRATION/LICENCE HISTORY

⚠ Please ensure you write the name of the registering body in this section, **not** your legal name.

11. Name of your **current/ last full** registration OR licence authority

12. Date of **current/last** registration/licence expiry date

/ /
(DD/MM/YYYY)

13. Registration/licence status

Have you ever been refused registration/licence?	☐ Yes*	☐ No
Have you ever had your registration/licence withdrawn?	☐ Yes*	☐ No
Are you subject to any professional disciplinary/legal proceedings past or pending?	☐ Yes*	☐ No

*If you answered *Yes* to any of the above questions, please provide a signed written explanation.

14. Letter of Good Standing ⚠ **The applicant cannot submit this document.**	The ADC requires an additional Letter/Certificate of Good Standing from the registration/licence authority the applicant was most recently registered with. ☐ **Yes, I have requested a Letter/Certificate of Good Standing to be posted to the ADC.** *The ADC will not accept this document if it is provided by the applicant. The registration/licence authority must send this document directly to the ADC. If the document Is not in English, the ADC will arrange for translation at no extra cost.* *It is recommended that letters of good standing are posted to the ADC after your initial assessment application has been submitted.* *The letter of good standing is valid for three months from the date that it was issued by the registering authority.* *If your letter of good standing arrives before your application, it will be filed safely and combined with your application on receipt. If your letter of good standing arrives after your application and we can match it to your application, you will receive an email notification that it has been received.*

SECTION F. UPDATED EMPLOYMENT HISTORY

15. Recency of practice	Have you worked as a dental practitioner since your last initial assessment application? ☐ Yes. Please complete the following employment details for each employer. ☐ No. Please leave the below section blank *(If you are or have been self-employed, please state and provide details below. Please refer to the Explanatory Notes and Checklist for more information.)*

Employment details – if there are additional employers, please attach these on a new page.

Employer one	
Name	
State, territory and country	
Your position	
Dates of employment	Date commenced ☐☐/☐☐/☐☐☐☐ Date completed ☐☐/☐☐/☐☐☐☐

Employer two	
Name	
State, territory and country	
Your position	
Dates of employment	Date commenced ☐☐/☐☐/☐☐☐☐ Date completed ☐☐/☐☐/☐☐☐☐

SECTION G. 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 practitioner 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 E.
- I have read the explanatory notes and authorise the Australian Dental Council to make any enquiries 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.
- I consent to the Australian Dental Council contacting me for quality control, educational and/or research purposes.

Applicant signature

Cannot be signed by authority to act or third party

Applicant name

Date (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

SECTION H. PAYMENT

Applications will not be processed 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 adc.org.au/practitioner-assessments

Payment by bank cheque or Australian Money Order

Payment type

☐ Bank cheque

☐ Australian Money Order (AMO)

Payment by bank cheque or AMO **must** be made in Australian dollars only.

Please note we are unable to accept cheques from the State Bank of India/Bank of India, or cheques with adhesive tape on the cheque face.

Payment by credit card

Credit card type

☐ Visa

☐ MasterCard

Card Number

Name on card

Card expiry date (MM/YY) ☐☐/☐☐

Cardholder signature

EXPLANATORY NOTES

⚠ The first step in the Australian Dental Council (ADC) The purpose of the renewal of initial assessment is to validate the candidate's current / last registration and any updated work history.

The ADC assesses your work experience, registration/licensure history, good standing and other matters to establish your eligibility to proceed with the examinations where required. This renewal assessment is based on the information you provide in this Application.

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 8 weeks from the date your application is received. During peak application periods this may be longer. A *complete* application includes all the required documentation which must be posted to the ADC.

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.

The *Application for renewal of initial assessment of overseas qualified dental practitioner* form is valid for three (3) months following its receipt by the ADC. Should this application remain incomplete at the end of the three (3) month period, the application will expire and you will be required to submit a new renewal form, along with the relevant supporting documentation and payment.

If your renewal application expires, but your completed, original, initial assessment is still valid, you will only be required to submit a new *Application for renewal of initial assessment of overseas qualified dental practitioner form*.

If both documents have expired, you will be required to submit a new *Application for initial assessment of overseas qualified dental practitioner* form with the required documentation and payment in order to continue with the dental practitioner assessment process.

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 and checklist*, carefully and ensure you have provided all the relevant supporting documentation.

Validity period

Once a renewal of initial assessment application has been assessed as complete, it will be valid for seven years from the date of completion.

Candidates will have seven years to successfully complete the ADC process (written examination and practical examination). If a candidate does not successfully complete the ADC process within seven years from the date of completion of their initial assessment, they will be required to renew their initial assessment in order to continue the ADC process.

Immigration Information

If you are an overseas trained dental practitioner who intends to migrate and work as a registered practitioner 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 Home Affairs in your state or territory** homeaffairs.gov.au/about/contact/make-enquiry

Other documents we may need

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

What you should not send

All of the documents required for your renewal are included in the Checklist.

Please do **not** send documents relating to your qualification including additional documents such as any specialty course results and/or 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 supporting documents does not match your passport (e.g. includes your father's name or has abbreviated one of your names) and is not accounted for by other evidence of name change, please provide a letter from the issuing authority acknowledging that both names refer to you.

Certification of photographs

The photographs submitted must not be older than nine (9) months. Photographs must be certified on the back according to the certification guidelines and must include the statement 'true photo' of [your name], as well as the date, signature, full name, contact details and title of the authorised officer).

Please refer to the Australian Dental Council's certification guidelines, which can be downloaded from the ADC website at adc.org.au

Translation of Documents

Translations in English of all non-English documents must be provided and attached to the document/s to which they refer. The ADC recommends candidates provide translations completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).

Please note

The translator's details (name, address, etc.) must be stated in English. Translations must be provided in full. The ADC will not accept extract or partially translated documents.

Applicant's Personal Details and Identification

ALL applicants must complete Section B of this application to ensure accurate information is provided for future use. Applicants must provide a clear, certified copy of a valid international passport as evidence of identity.

Assessment of alternative forms of identification occurs on a case-by-case basis and may or may not be accepted at the discretion of the ADC.

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 third parties unless specifically authorised to do so by you.

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 and not to you.

Please refer to the ADC's *Authority to Act* form which can be downloaded from the ADC website at adc.org.au

Correspondence

Please ensure the email address you provide is reliable and checked regularly. Candidates who use free internet providers (Gmail, Yahoo etc.) should properly maintain their mailboxes and check junk mail or other filters. The ADC will not be responsible for non-receipt of correctly addressed emails.

⚠ CHECKLIST

Please check to ensure the following information is completed in your application

Section A	☐	**Question 1**	Two (2) certified colour passport sized photographs of yourself for the purpose of identification.
Section B	☐	**Questions 2 - 7**	A clear copy of the identity page(s) of your current, valid passport.
	☐	**Question 8**	Evidence of change of name documentation where applicable.
Section C	☐	**Question 9**	All details entered.
Section D	☐	**Question 10**	Authority to act form included (where applicable)
Section E	☐	**Question 13**	Current registration certificate/licence
	☐	**Question 14**	Request a Letter/Certificate of Good Standing to be forwarded *This document will not be accepted if it is sent 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 at no extra cost.*
Section F	☐	**Question 15**	**Official work statement must contain the following information from each of your employers.** • Provided on official letter head which includes full address and contact business details • Issue date • Applicant's name in full • Employment start and finish dates • Confirms the applicant was employed as a registered dental practitioner • Signed by a recognised Manager/Director. **Or if self-employed** • Appropriate evidence, such as a letter from your accountant or registering authority detailing the dates you have earned income as a dentist and supporting documents such as tax records, business registration certificate.

Post applications and certified documents to: PO Box 13278, Law Courts Vic 8010, Australia

If you plan on sending your documents via courier, please post to Level 6, 469 Latrobe Street, Melbourne Vic 3000.