

Website: http://www.adc.org.au Email: info@adc.org.au

Address: PO Box 13278, Law Courts

Contact information Tel + 61 3 9657 1777 Fax + 61 3 9657 1766

Office Use Only **Application for Initial Assessment of** AS-2 V7

Overseas Qualified Dental Hygienist and/or **Dental Therapist** 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" **Type of Practitioner** *Indicate the discipline/s your training* Type of Examination Indicate which type of examination and work experience is in (tick as many boxes as are process you wish to undertake (tick as many boxes as are relevant): relevant): Dental hygiene Dental therapy Dental hygiene Dental therapy **Section A Photographic Identification** Please supply two (2) The photograph must not be older than nine (9) certified colour months passport-size 4.5cm photograph of DO NOT ATTACH PHOTOGRAPH yourself for the purpose of identification **Applicant's Personal Details and Identification Section B** Please ensure that details match those provided in the certified copy of your Passport. 2. Surname /Family name Given/first name(s) Middle name(s) **Previously** known or other

name(s) known by Surname/Family Name Given/First Name(s) 6. Date of Birth **J** Female Male & Sex Day Month Year

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Section C	Applicant's Personal Contact Details	
7. Contact details		
for applicant only	Address	
Offig	City	
	City	
	State/Territory Area/Postcode	
	Country	
	Telephone	
	Email Address	
Section D	Authority to Act	(1)
	(Nomination of a person or agent to act on your behalf)	0
8.	It is not necessary to nominate a person or an agent to apply for Initial Assessment	
	choose to do so however you must complete an Authority to Act form (available Australian Dental Council's website).	on the
	I wish to nominate a person/agent to act on my behalf.	
	Yes - I have attached a completed Authority to Act form and understa	nd the
	Australian Dental Council will forward ALL correspondence to my	
	nominee.	
	□ No	
Section E	Professional Education	
Section E	Professional Education	0
Diagon pata that you a		fication
· ·	cannot apply to undergo the examination process unless you have an accepted qualit ental therapy. For instance, those qualified only as dentists are <i>not</i> eligible to apply	
assessment pathway.	, , , , , , , , , , , , , , , , , , , ,	
	Dental Hygiene and or Dental Therapy Qualifications	(M)
	Attach a separate sheet (clearly marked with your name) with the details of any qualifications that do not fit within the space below	0
Dental Hygiene	any quantications that do not lit within the space below	
9. Title of Dental		
Hygiene		
Qualification		
10. Name of the institution/		
University/		
College		
11. Address of the		
institution		
/university/ college	Address	
college		
	City	

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Section E	Professional Education	0
	State/Territory Area/Postcode	
	Country	
12. Length of your course	Years Months	
	Was this the normal length of your course?	
	Was this a full time course?	
13. Course dates	Date Commenced: / / Date Completed: / / Day Month Year Day Month Year	
Dental Therapy		
14. Title of dental therapy Qualification		
15. Name of the institution/ university/ college		
16. Address of the institution /university /	Address	
college	City	
	State/Territory Area/Postcode	
	Country	
17. Length of your course	Years Months	
	Was this the normal length of your course?	
	Was this a full time course?	
18. Course dates	Date Commenced: / / Date Completed: / / Day Month Year Day Month Year	

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19. Indicate the area and/or dental th		ick as many boxes as are relevant in dental hygiene
Dental Hygiene Prac		Dental Therapy Practice Clinical skills
	nd treatment planning	☐ Diagnosis and treatment planning
☐ Preventive (Preventive dentistry
☐ Oral health	•	Oral health education
Local anaes		Local anaesthesia
		☐ Oral radiography
☐ Oral radiogr	• •	Exodontia
☐ Periodontic		Restorative dentistry
•	ession taking	Dental impression taking
	S - please specify areas/topics covered in	Orthodontics - please specify areas/topics covered in
your education	and training	your education and training
_		
Other - pleas	e specify	Other - please specify
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
·	cation and training in dental	When was your education and training in dental
hygiene completed?		therapy completed?
	/	therapy completed:
Mont	y Year	/
	. , , , , , , , , , , , , , , , , , , ,	Month Year
	Further training	0
	If you have completed relevant furt	ther training e.g. in orthodontics,
		record the details of the training below. If there is insufficient
		uments clearly marked with your name.
Further Training		
20. Name of further		
training course		
21. Name of the		
institution		
/University/		
college		
22. Address of the		
institution		
/University/	Address	
college	Addiess	
	City	
	State/Territory	Area/Postcode
	Country	

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Years_

23. Length of your

further training

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Months____

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course	
	Was this a full time course?
24. Course dates	
	Date Commenced: / / Date Completed: / /
	Day Month Year Day Month Year
Section F	Registration/Licence History
25. Licensing exam	Did you sit and pass a national or regional licensing/registration examination to gain
	registration?
	Yes No
	If Yes, state name of examination and examining authority
26. Name of your	
first dental	
hygiene/dental	
therapy	
Registration/	
Licence	
Authority 27. Date of first	
Registration/	
Licence	Day Month Year
28. Name of your	
current or most	
recent dental	
hygiene/dental	
therapy	
Registration/	
Licence	
Authority	
29. Expiry date of	
current or most	Day Month Year
recent	
Registration/ Licence	
30. Registration/	
Licence status	
	Have you ever been refused registration/licence?



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Section F	Registration/Licence History					
	Have you ever had your registration/licence withdrawn?					
	Are you subject to any professional disciplinary/					
	legal proceedings past or pending?					
	(* If "Yes" you must provide a signed written explanation)					
31. Letter of Good Standing	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.					
(this document cannot be submitted by applicants)	Yes, I have requested a Letter/Certificate of Good Standing to b provided to the ADC					
	(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,					

cannot be submitted by applicants) Yes, I have reprovided to the	equested a Letter/Certificate of Good Standing to be ADC				
(This document will not be	accepted if it is provided by the applicant. It must be lian Dental Council by the registration/licence authority)				
Section G Employment History					
32. Indicate the nature of your clinical practice					
Dental Hygiene Practice Patient profile Age Range of patients you treated	Dental Therapy Practice Patient profile Age Range of patients you treated				
☐ Children FromToTo	☐ Children FromToTo				
☐ Adolescents FromTo	☐ Adolescents FromTo				
☐ Adults FromTo	☐ Adults FromTo				
33. Recency of practice: Have you worked as a registered dental hygienist and/or dental therapist in years?					
Dental Hygiene Practice	Dental Therapy Practice				
Yes - Please complete the employment details below for each employer	Yes - Please complete the employment details below for each employer				
No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more.	No - Please submit a signed written statement explaining why you have not worked in the last 5 years or more.				
Not applicable	Not applicable				
(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)	(If you are or have been self-employed please state and provide details below – please refer to the Explanatory Notes & Checklist)				

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Section G	Employment His	story					0
34. Employment Deta	ails						
Name of employer #1							
State, Territory and Country							
Your Position							
Dates of Employment	Date Commenced:	/	/	Date Completed:	/	/	
Name of employer #2							
State, Territory and Country							
Your Position							
Dates of Employment	Date Commenced:	/	/	Date Completed:	/	/	
Name of employer #3							
State, Territory and Country							
Your Position							
Dates of Employment	Date Commenced:	/	/	Date Completed:	/	/	
Section H	Professional Ref	erenc	es				0
35. Professional References	attesting to your con therapist, from empl provide references fr	npetenc oyers, s om pro	e and goo upervisor fessional	s two recent written pod standing as a dental sor tutors. If you were colleagues.	l hygienis e self-em	t and/or ployed pl	dental ease
	Reference #2 -	- (name)				

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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.
- I consent to the Australian Dental Council contacting me for quality control, educational and/or research purposes.

Signature of Applicant					
Date	Day	/ Month	/	Year	

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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 upor clearance of payment. Please refer to the current schedule of fees at http://www.adc.org.au/fees.pdf	n
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 or the face of the cheque.	n
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 M M Y Y 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

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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 ADC. This pathway involves an initial assessment and an examination process. 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 ADC pathway is the initial assessment of the qualified dental hygienist and/or dental therapist's primary professional qualifications in dental hygiene and/or dental therapy. The 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 initial 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 1988. 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 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. All examinations are held in Australia.

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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'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 <u>not</u> 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/index.php?id=14

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 without the official documentation.

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 ADC'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

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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 ADC'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 (less than 8 months old) 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.

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

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Checklist

Section A Photographic Identification	Two (2) <u>certified</u> colour passport-size photographs of yourself for the purpose of identification
Section B Applicant's Personal Details and	<u>Certified</u> copy of current passport - relevant pages
Identification	<u>Certified</u> copy of evidence of change of name documentation where applicable
Section C Applicant's Contact Details	All details completed (no supporting documents required)
Section D Authority to Act/Agent	(If applicable) Authority to Act form
Section E	Certified copy of degree, diploma or certificate in original language.
Primary dental hygiene/dental therapy education details	 Certified copy of an official transcript of your primary dental hygiene and/or dental therapy education course completed in original language. Transcript MUST state: 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
	<u>Certified</u> copy of evidence of further training in original language where applicable
	<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	<u>Certified</u> copy of results of any national/state/regional board exam for licensure (if relevant)
	Certified copy of first registration/licence certificate
	Certified copy of current registration/licence certificate
	Request a Letter/Certificate of Good Standing (in English) to be forwarded DIRECTLY to the Australian Dental Council. Applicant cannot submit

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Section G Employment History		(If applicable) a signed written statement explaining why you have not worked in the last 5 years		
	Or if Self-em	 <u>Certified</u> copy of official work statement must contain the following information from each of your employers: 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 		
		<u>Certified</u> copy of appropriate evidence, <i>e.g.</i> tax documents, accountant business records, practice records, business registration certificate		
Section H Professional References		 Original or certified copies of two recent (dated) written professional references containing the following information: 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. 		
Section J Declaration		Signed and dated (no supporting documents required)		
Section K Payment		All payment details completed and/or enclosed		
Translations		(If applicable) <u>Certified</u> translations in English of all relevant documents, attached to the document/s to which they refer		
Please 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 If you are using a local or international courier to deliver a document, please address to: Level 6 469 La Trobe Street Melbourne Victoria 3000				
		Australia		

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