

**DENTAL BOARD OF NEW SOUTH WALES**

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HAYMARKET NSW 1240  
Tel: (61-2-9281-0835)  
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Level 3  
28-36 Foveaux Street  
SURRY HILLS NSW 2010

**APPLICATION FOR REGISTRATION AS A DENTIST IN  
NEW SOUTH WALES**

**Pursuant to Dental Practice Act 2001**

1. Surname

Given Names

Address

Telephone

Fax

Date of Birth

Sex M or F (tick)

Have you been registered in New South Wales previously?

Yes

No

When?

Reason for removal from the Register .....

.....

.....

2. Qualifications for Registration

A certified copy of degree is required as support for the application:

1. Primary Dental Degree

2. University

3. Year Conferred

4. Documentary evidence that I am, or was by law entitled to be registered or to practise as a dentist in the country in which my qualifications were awarded.

5. Evidence of having passed the required examination.

6. Additional Qualifications

Qualifications	University/Institution	Year Conferred
.....		
.....		
.....		
.....		

(Note: only qualifications approved by the Board will be listed in the register).

7. Specialist Description: If you are applying for specialist description please state category:

.....

3. Registration in Other Jurisdictions

If you are currently registered in another Australian State or overseas jurisdiction to practise as a dentist please indicate:

Name of Jurisdiction

Date of Registration

Registration Number (if any)

If you do hold registration in another jurisdiction you must arrange for a letter of good standing to be forwarded to the Board from that registering authority.

4. Convictions for Serious Offences

Have you been convicted in New South Wales or elsewhere of an offence?

No    Yes                    (If Yes give details)

- . Date of Offence .....
- . Jurisdiction .....
- . Date and Court of Conviction .....
- . Nature of Offence .....



**Question 5 (3) of the Application Form for Registration requires three character references. Below for your information is a draft template for these references.**

LETTERHEAD OF PROFESSIONAL SUPPLYING CHARACTER REFERENCE.

THE REFEREE IS REQUIRED TO HAVE KNOWN THE APPLICANT FOR MORE THAN ONE YEAR AND THE REFERENCE MUST BE DATED WITHIN 3 MONTHS OF THE APPLICATION TO THE BOARD.

Date

TO WHOM IT MAY CONCERN

I confirm that I have known (name) for (number of years in words). (State relationship – social, business, working together in some other capacity).

At all times I have found (name/him/her) to be (state characteristics – eg. dependable, reliable, hard working, conscientious, honest, courteous, etc  
(to satisfy character it is not required to state clinical skills as these are working references)

Yours faithfully,

(Name of Referee)

## **Evidence of Identity**

All applicants for registration must satisfy the relevant dental board of their identity. Applications will need to provide proof of personal identity by way of presentation of verifiable documentation.

Provided below is a list of those documents that may be presented to the dental board along with their matched point value.

### **Documents with a minimum value of 100 points must be submitted:**

At least ONE document from Category A

Only ONE document from Category B

At least TWO documents from Category C (if not submitted in category B)

#### Category A (70 points)

- Passport & visa (current).
- Birth Certificate /Birth Card (NSW) (original or extract).
- Citizenship Certificate.

#### Category B (40 Points)

- Licence or permit issued under a law of the Commonwealth or State or Territory.
- Identification Card issued to a public employee.
- Student ID Card issued from an Australian Tertiary Education Institution.

#### Category C (25 Points)

- International Drivers Licence.
- Medicare Card.
- Public Utilities Accounts (Bills).

7. Photograph

You are required to provide a passport photograph of yourself signed with your usual signature, and certified as a true likeness of you by a referee (5.3) or a Justice of the Peace, on the reverse.

8. Evidence of Identity

You are required to produce documentary evidence of identification for registration. Please refer to page 5 for details of appropriate documents. A photocopy of an original will be made by the Board if you apply in person. Otherwise a certified copy is required.

9. Declaration:

I ..... (the applicant) declare that all the information provided in this application is correct. I also declare that I can speak English well enough to practise dentistry. I further declare that I am not addicted to any drug or alcohol and that I have no physical or mental impairment that prevents me from practising as a dentist.

I attach the sum of \$ ..... as registration fee.

..... Signed Date .....

..... Witness Date .....

**Authorisation**

1. I authorise and consent to the Dental Registration Board of New South Wales and its registrar, inspectors and employees to approach and request information from the persons, institutions and organisations named in my application and from other persons, institutions and organisations as the Board may consider appropriate in order to determine my eligibility for registration as a dentist in New South Wales.

2. I indemnify the Dental Board, its registrar, inspector and employees from any actions and claims by any person arising from any request for and supply of information and the consideration and processing of my application for registration as a dentist in New South Wales.

..... Signature Date .....

**FEES**

Application fee: \$130.00  
Provisional Registration Fee: \$40.00

Office Use Only

Date:

(i) Form Completed (tick and initial)

(ii) Any annexure related to conviction

(iii) Degree sighted

(iv) References

(v) Professional Indemnity Number

(vi) Identity

(vii) Photograph

(viii) Declaration completed

(ix) Registration Fee Received

Section of the Act (tick one)

Provisional Registration Number

Full Registration Number