

**DENTAL BOARD OF NEW SOUTH WALES**

**Level 3, 28-36 Foveaux Street  
SURRY HILLS NSW 2010  
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**MUTUAL RECOGNITION ACT, 1992 Section 19 Notice  
TRANS TASMAN MUTUAL RECOGNITION ACT 1997 Section 18 Notice**

**APPLICATION FOR REGISTRATION AS A DENTAL AUXILIARY  
(ORAL HEALTH THERAPIST)**

**STATUTORY DECLARATION**

I,

.....  
(Given Name(s)) (Family Name)

.....  
(Former surname if applicable)

of

.....  
..... (Postcode).....

Date of Birth: ..... Telephone .....

Sex Male Female (Please tick)

Seek registration as an oral health therapist in the State of New South Wales in accordance with the mutual recognition principle.

I solemnly and sincerely declare that:

- 1. I am currently registered to carry on the practice of oral health therapy in ..... State/Territory/Country on which I base my application for registration.
- 2. I further declare that the attached document (Current Practising Certificate) evidencing my registration in ..... State/Territory/Country is the original or complete and accurate copy of my current registration in the State/Territory/Country nominated in Point 1 above certified by a person authorised within State/Territory/Country of residence to witness statutory declarations, affidavits.

3. I also have equivalent registration in the following Countries/States/Territories:

Registration No:	Current to or Lapsed Date	State/Territory/Country
.....	.....	.....
.....	.....	.....

4. Professional Indemnity Insurance – Circle Appropriate

My Professional Indemnity insurance is covered by:

(a) Insurance Provider \_\_\_\_\_ Member No \_\_\_\_\_

(b) I satisfy an exemption from the Regulation:

- \* Employee of public health organization
- \* Government indemnity
- \* indemnified employee
- \* Other (please

specify) \_\_\_\_\_

(c) I am in the process of applying for Professional Indemnity Insurance and I undertake to contact the NSW Dental Board with details of my Professional Indemnity Insurer when I have secured employment. I understand that I cannot commence practice until I have obtained relevant insurance.

5. Declaration of Criminal, Civil or Disciplinary Proceedings:

I am not the subject of disciplinary proceedings in any State/Territory/Country (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the practice of oral health therapy.

6. Cancellation or Suspension:

My registration has not been cancelled nor is it currently suspended in any State/Territory/Country as a result of disciplinary action.

7. Prohibitions/Special Conditions: Criminal/Civil or Disciplinary Proceedings:

I have not been personally prohibited from carrying on the practice of oral health therapy in any State or Territory nor am I subject to any special conditions in carrying out that occupation as a result of any criminal, civil or disciplinary proceedings in any State/Territory/Country.

8. Special Conditions:

Special conditions do not apply to my carrying out the practice of oral health therapy for which registrations is sought

(If special conditions do apply please tick this  and attach details of these conditions).

9. Inquiries and Information Gathering:

I give consent to the making of inquiries of, and the exchange of information with, the authorities in any State/Territory/Country regarding my activity in the practice of oral health therapy or otherwise regarding my application for registration.

10. Registration Fee:

I have included the registration fee of \$100 payable to the Dental Board of NSW.

11. I make this solemn declaration, as to the matters aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Made and Declared at .....

This .....day of .....Two Thousand and .....

Before me

.....  
Justice of the Peace/Solicitor

.....  
Applicant

**IMPORTANT**

Incomplete applications including omission of payment of the appropriate fee will not be accepted by the Board resulting in deferment of the right to practise.

Statements or information which are materially false or misleading will result in postponement or refusal of registration.

Please ensure your Current Authority to Practise Document is attached to this Application (Section 19)

All attachments to this application must be certified by a Justice of the Peace or Solicitor.

Qualification(s) on which initial registration was granted:

.....  
.....

Awarding Institution: ..... (University)

Year Awarded: .....

I also attach:

One passport style photograph with my usual signature on the reverse side.

**Evidence of identification**

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.

Statutory Fee of \$100

NB Information provided by applicants is used for purposes of registration and workforce planning This information may also be made available to authorised statutory investigatory agencies pursuant to NSW legislation.

## **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).

Office Use Only

Lodgement Date

Section 18/19 Notice – certified by Justice of the Peace/Solicitor or person authorised to witness statutory declarations/affidavits.

Section 18/19 Notice – completed in full

Attachments if applicable certified by a Justice of the Peace.

Authority to practice attached.

Deemed Registration granted: (date).....