

Assessment of Professional Qualifications in Dentistry

EXPLANATORY NOTES

1254

The information on the form is collected by the Australian Dental Council (ADC) for the purposes of assessing overseas qualifications in dentistry.

All personal information will be handled confidentially in accordance with the Privacy Act. Details may be verified with or provided to other agencies where necessary or required by law.

Important - Please read the following explanatory notes carefully before completing the application.

Introduction

If you live overseas and are a dentist with a qualification gained overseas and you intend to migrate and work as a dentist 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 in the *General Skilled Migration* booklet which can be obtained 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, Multicultural and Indigenous Affairs (DIMIA) in your State or Territory.

If you live in Australia and hold qualifications in dentistry gained overseas you may contact the ADC directly for more information.

Completing the form

The information you give is required by ADC to assess your eligibility to enter the professional examination process. You will need to provide all the information and documents requested before your application can be finalised. Incomplete applications may be returned to you.

Answer all questions in English, unless otherwise requested. Initial and date any alterations to the form.

Documents you must include

To support your application, you will need to provide certified copies of all documents listed in the Checklist Section of the application form. Certified copies of the following documents must be submitted.

1. The degree, diploma or certificate in the original language;
2. Official transcripts of educational courses completed in the original language showing subjects, hours, examination results and details of practical and clinical education;
3. Evidence of employment experience as a dentist following graduation to the present;
4. Two recent references relating to professional competence;
5. Documented evidence of internship, where applicable;
6. Evidence of registration / licensure from the State or Country in which training was undertaken;
7. Evidence of current registration;
8. Evidence of change of name, where applicable; and

Certified translations in English of all documents must be provided and attached to the document to which they refer (extract translations will not be accepted).

ADC reserves the right to request applicants to provide translations completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Level 3 accreditation is normally required.

Certified copies of the documents should be sent. Please do not send the originals. See the note on “Certification” below.

You will need, however, to provide the originals of your documents to registration authorities at a later stage for registration or licensing purposes before you are able to practise or work in your profession.

Agents

ADC normally deals directly with applicants seeking an assessment of their overseas qualifications. Australia’s privacy legislation prohibits ADC from discussing your application with other people (third parties) unless specifically authorised to do so.

If you want someone such as solicitor, family member or other agent to deal with ADC on your behalf, you will need to attach a letter signed by you authorising this person (by name) to act as your agent.

Certification

It is essential that copies of documents are certified. A copy has to be clearly authorised as a true copy of the original by an appropriate person.

Persons who may certify documents include Justices of the Peace (JP), legal practitioners, admissions officers of all Australian universities and officers of State and Territory Government overseas qualifications units. To have your copies certified you will need to present both the original and the copy of each document to the person certifying the copies.

Each copy of the document must be certified separately and must show clearly:

- the words “certified true copy of the original”;
- the signature of the certifying officer; and
- the name and address or provider / registration number (where applicable) of the certifying officer legibly printed below the signature. It must be possible, from the details provided, for ADC to contact the certifying officer if necessary.

Payment of fees

You will be required to pay a fee of AUD\$325, and AUD\$375 from 1 July 2002, to have your eligibility to sit the examination assessed. You will need to pay examination fees as instructed at a later date if you are eligible for and required to sit for examinations.

Assessing skills by examination

Examinations for overseas trained dentists are designed to assess your skills and competence. There are three examinations geared to this purpose.

- An English test for health professionals;
- a multiple choice format test and short written answer test; and
- a clinical test.

In order to be eligible to undertake these examinations, it is necessary for you to meet Australian Dental Council requirements. Details about eligibility requirements and the examinations are given in the brochure on Dentistry which is included with this form.

After you complete the examinations

After you have successfully completed the examination process, you will be issued with a Certificate and may then apply for registration with the relevant State / Territory Dental Registration Board.

Application for Assessment of Professional Qualifications in Dentistry

PLEASE READ THE ACCOMPANYING EXPLANATORY NOTES BEFORE COMPLETING THIS FORM. MAKE SURE YOU PROVIDE ALL DOCUMENTS REQUIRED AND SIGN THE DECLARATION ON PAGE 4.

If you require more space to answer questions, attach a signed and dated sheet giving the necessary details.

Note: This is not an application to sit for an examination.

Section A Your personal details

Preferred title Mr Mrs Miss Ms Other

1 Family name

2 Given names

3 Any other names you have used (ie before marriage etc)

Family names

Given names

4 Sex Male Female

5 Date of birth day month year
 / /

6 Country of birth

7 Your main language

8 Country of permanent residence

9 Address for correspondence

Name (see accompanying explanatory notes - Agents)

Address (indicate country, if outside Australia)

Postcode

10 Telephone numbers Work Home

11 Are you a resident of Australia? No Yes

▼
In which State or Territory of Australia do you intend to live?

Section B Your general school education

12 In which years did you start and finish primary and secondary school?

Primary	Start	Month	Year	Secondary	Start	Month	Year
	Finish	Month	Year		Finish	Month	Year

13 Details of your education

	Number of years	Name or qualification or certificate obtained	Country
Primary			
Secondary			

Section C Your professional education

14 Give details of ALL post secondary or higher education courses which you have completed. If you have more than two (2) qualifications attach a separate sheet giving the additional details.

What is the name of the qualification that you have obtained?

In English

In your own language

Name of institution

Full address of institution

What was the normal entry requirement for the course?

Normal length of full-time course Years **OR** Semesters

Normal length of semester Weeks **OR** Months

OR

What was the length of time which you took to complete the course? Years Months

Date course commenced day month year
 / /

Date course completed day month year
 / /

Did you study full-time or part-time? Full-time Part-time ▶ Hours per week

Other ▶ Please describe

Was a period of compulsory practical or clinical experience a requirement of the course?

No

Yes ▶ What was the length of time involved (ie years, months, weeks or semester hours)?

Professional education continued

What is the name of the qualification that you have obtained?

In English

In your own language

Name of institution

Full address of institution

What was the normal entry requirement for the course?

Normal length of full-time course

Years

OR

Semesters

Normal length of semester

Weeks

OR

Months

OR

What was the length of time which you took to complete the course?

Years

Months

Date course commenced

day / month / year

Date course completed

day / month / year

Did you study full-time or part-time?

Full-time

Part-time

Hours per week

Other

Please describe

Section D Registration / Licensure

15 What is the name and country of authority of first registration?

What was the date of first registration?

day / month / year

16 What is the name and country of authority of the most recent registration?

What is the date of current registration?

day / month / year

17 Have you ever been refused a licence or registration, or had a licence or registration withdrawn?

No

Yes

Give reason

18 Give the names of any professional bodies of which you are a member

Section E Professional employment experience as a dentist

Applicants must provide a summary of their professional employment experience over the last 10 years. Please include details of:

- the dates of each period of employment (indicate full-time or part-time),
- the name of the employer, and country location and the nature of the business,
- your job title and description, and
- the nature of your employment, including more important tasks performed or projects completed.

If space is insufficient, attached a signed sheet.

Section F Checklist

20 Documents which you **must** include with this application

- A **certified** copy of qualification papers (such as degree, diploma, certificate etc)
- An official **certified** transcript of educational courses completed showing subjects, hours and examination results and where applicable, details of practical and clinical education
- Evidence of your professional work experience as a dentist from graduation to present, and two references from employers or, if self-employed, two references from professional colleagues
- Assessment fee of AUD\$325.00 (AUD\$375.00 from 1.7.2002)

Official evidence where applicable of:

- Original and current registration or licence to practise - **certified**
- Internship - **certified**
- Evidence of change of name (if applicable) - **certified**
- **Certified** translation in English of any documents originally issued in a language other than English

Section G Applicant's declaration

21 You must read and sign this declaration

I declare that:

- The information I have supplied on this form and any attachments is complete, correct and up-to-date;
- I undertake to inform the Australian Dental Council (ADC) of any changes to my circumstances (eg address) while my application is being considered;
- I authorise the Australian Dental Council (ADC) to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied to me in the explanatory notes accompanying this application

Signature

Date

day	month	year
/	/	

How to lodge your application

22 Detach the explanatory notes and mail your application form and documents to:

Australian Dental Council
 Level 2, 112 Wellington Parade
 East Melbourne Vic 3002 AUSTRALIA

AUSTRALIAN DENTAL BOARDS

New South Wales

Dental Board of New South Wales
Level 3, 28 - 36 Foveaux Street
SURRY HILLS NSW 2010

Phone: 02 9281 0835
Fax: 02 9211 3606
dentalboardnsw@ozemail.com.au

Victoria

The Dental Practice Board of Victoria
Level 14, 114 Albert Road
SOUTH MELBOURNE VIC 3205

Phone: 03 9699 8011
Fax: 02 9699 4711
dentbv@vicnet.net.au

Queensland

Dental Board of Queensland
Floor 19, Forestry House
160 Mary Street
BRISBANE QLD 4000

Phone: 07 3225 2518
Fax: 07 3225 2527
dental@healthregboards.qld.gov.au

South Australia

Dental Board of South Australia
Unit 9, 59 Fullarton Road
KENT TOWN SA 5067

Phone: 08 8364 5358
Fax: 08 8364 5351
dbofsa@camtech.net.au

Western Australia

Dental Board of Western Australia
Level 2, 15 Rheola Street
WEST PERTH WA 6005

Phone: 08 9321 8499
Fax: 08 9481 3686
wclark@mjwa.com.au

Tasmania

Dental Board of Tasmania
PO Box 47
NEW TOWN TAS 7008

Phone: 03 6278 9820
Fax: 03 6278 9820
tasdent@mpx.com.au

Northern Territory

The Dental Board of the Northern Territory
2nd floor, Harbour View Plaza
Cnr McMinn Street & Tiger Brennan Drive
DARWIN NT 0800

Phone: 08 8999 4157
Fax: 08 8999 4196
healthprofessions.ths@nt.gov.au

Australian Capital Territory

The Dental Board of the Australian Capital Territory
6th floor, FAI House
197 London Circuit
CANBERRA ACT 2600

Phone: 02 6205 1599
Fax: 02 6205 1602
victoria.johns@act.gov.au

PLEASE KEEP THIS SECTION OF THE APPLICATION