



Australian Dental Council

ABN 70 072 269 900

Application for Initial Assessment of Overseas Qualified
Dental Hygienist and/or Dental Therapist

Use the Explanatory Notes to help you complete the application form Please read the accompanying explanatory notes provided before completing this form. Make sure you provide all the documents required and sign the declaration on the last page.

When filling in this form, please print clearly in English using **CAPITAL LETTERS**.


Note: This is not an application to sit for an examination. Overseas qualified dentists are not eligible to apply for this assessment pathway.

Type of Practitioner Indicate the discipline/s your training and work experience is in (tick as many boxes as are relevant):

Dental hygiene Dental therapy

Type of Examination Indicate which type of examination process you wish to undergo (tick as many boxes as are relevant):

Dental hygiene Dental therapy

 For information about answering these questions see the accompanying explanatory notes.

Section A Personal details

All applicants must complete this section.

Attach three passport-size photographs of yourself here. The photograph must be less than three months old.

1 Name as shown in passport

Family/last name(s)


Given/first name(s)

2 Preferred title Mr Mrs Ms Miss other (please specify)

3 Other names you are known by or have ever been known by

Family/last name(s)

Given/first name(s)

 For more information about answering this question, see the accompanying notes.

4 Gender Male Female

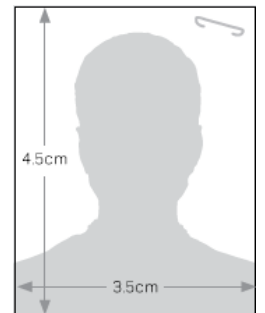
5 Date of birth DD / MM / YY

6 Country of birth

7 Country of permanent residence

8 Are you resident in Australia? Yes No In which state or territory of Australia do you intend to live?

AS-2 V1



Section B Contact details

All applicants must complete this section.

9 Address for correspondence

Agent's name (if applicable)

i For more information about answering this question, see the accompanying notes.

Your address (or agent's if applicable)

Telephone

Fax

Email Address

10 If you have given the name and address of an agent at Question 9, do you authorise that agent to act on your behalf?

Yes No Not applicable

Section C Your professional education

All applicants must complete this section.

Please note that you cannot apply to undergo the examination process unless you have an accepted qualification in dental hygiene or dental therapy (For instance, those qualified only as **dentists** are **not eligible to apply** for this assessment pathway.) *i* For more information about completing this section, see the accompanying notes

11 Indicate the areas of your education and training

(Tick as many boxes as are relevant in either Dental Hygiene and/or Dental Therapy.)

Dental Hygiene Practice

Clinical skills

- Diagnosis and treatment planning
- Preventive dentistry
- Oral health education
- Local anaesthesia
- Oral radiography
- Orthodontics
- Periodontics
- Dental impression taking
- Other - please specify _____

When was your education and training completed?

Dental Therapy Practice

Clinical skills

- Diagnosis and treatment planning
- Preventive dentistry
- Oral health education
- Local anaesthesia
- Oral radiography
- Orthodontics
- Exodontia
- Restorative dentistry
- Dental impression taking
- Other - please specify _____

When was your education and training completed?

Questions 12 and 13 refer to candidates with qualifications in dental hygiene. If you have qualifications in dental therapy, please go directly to Question 14 on the next page.

12 What is the name of the dental hygiene qualification that you have obtained?

Name of qualification (in English)

Recognised abbreviation

Name of institution/university/college

Full address of institution

What was the normal entry requirement for the course?

Normal length of full time course

Years

Date course commenced

Date course completed

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

Years

If there was any interruption to your study, provide reason here:

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

No

Yes

► What was the length of time involved?

13 Have you completed any relevant further training? (eg in orthodontics, radiography, local anaesthesia etc)

Name of Training Course

Name of institution/university/college


Full address of institution

Normal length of full time course

Years

Date course commenced

Date course completed

 For a list of documents you will need to provide, please see the accompanying notes.

Questions 14 and 15 refer to candidates with qualifications in dental therapy. If you do not have qualifications in dental therapy, please go directly to Question 16 on the next page.

14 What is the name of the dental therapy qualification that you have obtained?

Name of qualification (in English)

Recognised abbreviation

Name of institution/university/college

Full address of institution

What was the normal entry requirement for the course?

Normal length of full time course

Years

Date course commenced

 / /

Date course completed

 / /

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

Years

If there was any interruption to your study, provide reason here:

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

No

Yes

► What was the length of time involved?

15 Have you completed any relevant further training? (eg in orthodontics, radiography, local anaesthesia etc)

Name of Training Course

Name of institution

Full address of institution

Normal length of full time course

Years

Date course commenced

 / /

Date course completed

 / /


For a list of documents you will need to provide, please see the accompanying notes.

Section D Registration/License

16 Did you sit and pass an examination conducted by the registering authority to gain registration? No Yes

Registration: Dental hygiene

17 What is the name of the registering dental hygiene authority of first registration?

What was the date of first registration?

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

18 What is the name and country of the registering dental hygiene authority that granted your last registration?

What was the date of current registration?

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

19 Have you ever been refused a license or registration, or had a license or registration withdrawn? No Yes ► Give reason

| |
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| |
| |

Registration: Dental therapy

20 What is the name of the registering dental therapy authority of first registration?

What was the date of first registration?

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

21 What is the name and country of the registering dental therapy authority that granted your last registration?

What was the date of current registration?

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

22 Have you ever been refused a license or registration, or had a license or registration withdrawn? No Yes ► Give reason

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| |
| |

Section E Work Experience

23 Indicate the nature of your clinical practice

Dental Hygiene Practice

Patient profile

Age Range of patients you treated

- | | |
|--------------------------------------|-------------------|
| <input type="checkbox"/> Children | From.....To |
| <input type="checkbox"/> Adolescents | From.....To |
| <input type="checkbox"/> Adults | From.....To |

Type of practice

- Direct on site supervision
- On prescription of a dentist
- Consultative arrangement (formal, documented)
- By referral
- Independent

Location of practice

- Private
- Public sector/government

Dental Therapy Practice

Patient profile

Age Range of patients you treated

- | | |
|--------------------------------------|-------------------|
| <input type="checkbox"/> Children | From.....To |
| <input type="checkbox"/> Adolescents | From.....To |
| <input type="checkbox"/> Adults | From.....To |

Type of practice

- Direct on site supervision
- On prescription of a dentist
- Consultative arrangement (formal, documented)
- By referral
- Independent

Location of practice

- Private
- Public sector/government

Section E Work Experience continued

24 Are you currently practising as a **dental hygienist**?

Yes No ► If No, when did you last practise?

| | | |
|----|---|----|
| MM | / | YY |
|----|---|----|

Provide a summary of your professional experience as a dental hygienist since graduation. (Start with most recent first.) You must attach evidence from each employer, on letterhead, showing your dates of employment. If self employed, attach appropriate evidence (eg tax/accountant's/practice records) for the required period.

| Date from (DD/MM/YY) | Date to (DD/MM/YY) | Name of employer | Country | Job Title |
|----------------------|--------------------|------------------|---------|-----------|
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
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| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |

25 Are you currently practising as a **dental therapist**?

Yes No ► If No, when did you last practise?

| | | |
|----|---|----|
| MM | / | YY |
|----|---|----|

Provide a summary of your professional experience as a dental therapist since graduation. (Start with most recent first.) You must attach evidence from each employer, on letterhead, showing your dates of employment. If self employed, attach appropriate evidence (eg tax/accountant's/practice records) for the required period.

| Date from (DD/MM/YY) | Date to (DD/MM/YY) | Name of employer | Country | Job Title |
|----------------------|--------------------|------------------|---------|-----------|
| / / | / / | | | |
| / / | / / | | | |
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| / / | / / | | | |

i For information about the References to be included, please see the accompanying notes.

Section F English language

26 Applicants must provide evidence of having obtained a pass at A or B level in all four categories of the Occupational English Test (OET) in one sitting. (Please note results are valid for two years only.) If you have not yet sat the OET, you can provide this evidence later, preferably before undertaking the clinical examination. Please note however that the ADC Certificate will *not be issued* until satisfactory evidence is provided.

Have you completed the OET? No Yes ► If Yes provide the following details:

Date of Test:

| | | | | |
|----|---|----|---|----|
| DD | / | MM | / | YY |
|----|---|----|---|----|

Location of Test:

.....

Tick your results for each component.

Listening

- Pass at **A level**
 Pass at **B level**

Reading

- Pass at **A level**
 Pass at **B level**

Writing

- Pass at **A level**
 Pass at **B level**

Speaking

- Pass at **A level**
 Pass at **B level**

Application checklist

| Office Use Only | Information and documents you must supply | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | I have completed and signed the application form | <input type="checkbox"/> |
| <input type="checkbox"/> | I have provided my application fee | <input type="checkbox"/> |
| <input type="checkbox"/> | I have attached three recent passport-size photographs | <input type="checkbox"/> |

I have provided **certified copies** of:

Identification

| | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | The relevant pages of my passport | <input type="checkbox"/> |
| <input type="checkbox"/> | Evidence of change of name (where applicable) | <input type="checkbox"/> |

Professional Education

| | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Degree/diploma/certificate of dental hygiene and/or therapy course | <input type="checkbox"/> |
| <input type="checkbox"/> | Includes training in local anaesthesia? | <input type="checkbox"/> |
| <input type="checkbox"/> | Academic transcripts and course syllabus | <input type="checkbox"/> |
| <input type="checkbox"/> | Evidence of further training (where applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> | English translations of the above documents (where applicable) | <input type="checkbox"/> |

Hygiene/Therapy Registration/License

| | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Evidence of successful completion of a national/state/regional board exam for licensure (where applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> | Original registration/license to practise from graduation | <input type="checkbox"/> |
| <input type="checkbox"/> | Current registration/license to practise | <input type="checkbox"/> |
| <input type="checkbox"/> | Letter of Good Standing (if current registration was issued more than 12 months ago) | <input type="checkbox"/> |
| <input type="checkbox"/> | English translations of the above documents (where applicable) | <input type="checkbox"/> |

Work Experience

| | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Evidence of my work experience as a dental hygienist and/or therapist from graduation to present | <input type="checkbox"/> |
| <input type="checkbox"/> | Two written references from employers or, if self-employed, from professional colleagues | <input type="checkbox"/> |

Occupational English Test (OET)

| | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | OET Official Statement of Results (this must be provided before ADC certificate will be issued) | <input type="checkbox"/> |
|--------------------------|---|--------------------------|

Section G Paying your application fee

Assessment Fee Payable \$ _____ AUD

i Please refer to the current Schedule of Fees at <http://www.adc.org.au/fees.pdf>
Applications with the incorrect fee will not be processed.

Payment can be made by bank cheque, Australian Money Order, Visa or Mastercard.

Cheques/money orders must be made payable in Australian Dollars to the Australian Dental Council.

27 Please select your method of payment:

- Bank cheque (enclosed)
 Money Order (enclosed)
 Credit Card (choose one and complete details)
 Visa
 Mastercard

Name of cardholder

Card number

Expiry Date

Amount

 \$ _____ AUD

Signature of cardholder

Send your completed application to:

**Australian Dental Council
 Ground Floor, 120 Jolimont Road
 East Melbourne VIC 3002
 AUSTRALIA**

Section H Declaration

You must read and sign this declaration.

28 I declare that:

- The information I have supplied on this form and any attachments is complete, correct and up-to-date
- I am not subject to any professional disciplinary/legal proceedings past or pending
- I undertake to inform the Australian Dental Council (ADC) of any changes to my circumstances (eg name, address) while my application is being considered
- I have read the explanatory notes and I authorise the Australian Dental Council (ADC) to make any enquiries necessary to assist in the assessment of my application and to exchange information about my application with the examining bodies.

Signature

Date



Explanatory notes for Application for Initial Assessment of overseas qualified Dental Hygienist and/or Dental Therapist

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 of eligibility to undergo the examination process (carried out by the ADC) plus an examination process (conducted by an approved examining body). Successful completion of the assessment pathway leads to the award of the ADC Certificate in Dental Hygiene and/or the ADC Certificate in Dental Therapy.

For more details about the steps involved in the pathway refer to the ADC document *Information about the assessment pathway to registration in Australia for overseas qualified dental hygienists and dental therapists* which is on the ADC's website (<http://www.adc.org.au>).

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. If you are eligible to proceed to the examination process you will be provided with the

details of the examining bodies and how to contact them to arrange to sit the examination. The ADC does not conduct the examinations and is not able to provide detailed information about scheduling or other specific requirements of the examining bodies.

Local anaesthesia

Applicants must include documentary evidence of their formal training (including a copy of the curriculum) in the administration and management of local anaesthesia (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.

Change of Name

Any change in name will need to be supported by official documentation. The ADC does not accept Affidavits/Statutory Declarations.

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 solicitor, family member or other agent to deal with the ADC on your behalf, you will need to indicate this at Question 10.

Certification

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

Documents can be certified by a Justice of the Peace (JP), Notary Public, Commissioner for Affidavits, Magistrate, Australian Post Master or an Officer of an Australian High Commission or Embassy. To have your copies certified you will need to present both the original and 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 original 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 the ADC to contact the certifying officer if necessary.

References

You will need to provide two recent (dated) written professional references attesting to your competence and good standing as a dental hygienist and/or dental therapist, from employers, supervisors or tutors.

References must:

- be written on the official letterhead of the person, company or government department providing the reference
- indicate clearly on the letterhead the full address of the person or company, any telephone and fax numbers, and email and website addresses
- have the name and position of the person who signs the reference typed or stamped below that person's signature. A reference with an illegible signature will not be accepted
- include the direct contact number of the person writing the reference.

Please note the ADC will not accept professional references from family members.

English Language – OET Results

Before the ADC Certificate will be issued applicants must provide a certified copy of their OET results which meet the following requirements: the OET pass results must not be more than two years old; all four sub-test results must be passed at level 'A' or 'B' in a single sitting. Please note the ADC will not accept a printout of results from a candidate's online OET profile.

Fees payable

The fee for assessment of eligibility to undergo the examination process must accompany this application form. (The ADC's website has information about the current fees.) Additional fees for undertaking the written and clinical components of the examination process will also apply and are payable directly to the examining body which is the institution that conducts the examination.

Processing your application

Your application will take six to eight weeks to process from the date we receive it.

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 and how to contact the examining bodies.

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's website (<http://www.adc.org.au>).

Please keep these explanatory notes for future reference.

**About the information you provide**

The information on the Application form is collected by the Australian Dental Council (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. Details may be verified with or provided to other agencies where necessary or required by law. We will exchange information about your application with the examining bodies.

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. Degree, diploma or certificate in original language.
2. Official transcripts and syllabuses of educational courses completed showing subjects, hours, examination results and details of practical and clinical education, in original language.
3. Evidence of further training where applicable.
4. First registration/licensure. Please note the ADC does not accept temporary, provisional or limited registration. You must be able to show registration from graduation.
5. Evidence of successful completion of any national/state/regional board exam for licensure where applicable.
6. Current registration. A letter of good standing is also required if your last registration was issued more than 12 months ago.
7. Evidence of employment experience as a dental hygienist and/or dental therapist from graduation to date of application.
8. Two recent written references relating to professional competence.
9. Occupational English Test (OET) Official Statement of Results. (An 'ADC Certificate' will not be issued until satisfactory evidence of test results is received).
10. Evidence of change of name where applicable.
11. The relevant pages of your passport.

Certified translations in English of all documents must be provided and attached to the document/s to which they refer. The ADC reserves the right to request applicants provide translation completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Level 3 accreditation is normally required.

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 not send additional documents such as secondary school results. All of the documents required for the assessment are included in the Checklist. Please note any original documents submitted to the ADC will not be returned to you.