

Key



Note. Highlights additional information.



Attention! Highlights important information about the form.

For ADC use only



Before completing this form, please read all sections of the form including the checklist and explanatory notes. Please complete the application form in English. Please complete in **CAPITAL LETTERS** using a **blue** or **black** pen.

Please post the application form, including the necessary supporting documentation, to the Australian Dental Council (ADC) once completed. As we need to assess the form and the certified supporting documentation, we cannot accept scanned or emailed application forms.

Sections accompanied by  indicate areas where supporting documentation is required as evidence of the information you have supplied. Please ensure all supporting documentation listed in the **Checklist** is provided.

Processing time for your application: Please allow a turnaround of approximately 8 weeks from date of receipt.

SECTION A. PHOTOGRAPHIC IDENTIFICATION

1. Please supply two **certified**, colour passport sized photographs of yourself for the purposes of identification.

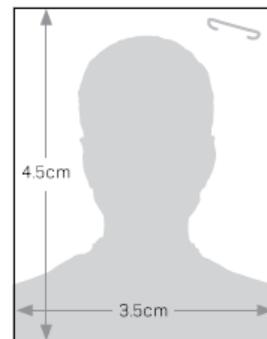
Photographs must not be older than nine (9) months.

Photographs must be certified on the back according to the certification guidelines, including:

- the statement *This is a true photograph of [INSERT NAME]*
- **AND** the date, full name, signature, title, and contact details of the authorising officer.

The Certification of document guidelines is available [here](#).

Please staple photographs here. 



SECTION B. APPLICANT'S PERSONAL DETAILS AND IDENTIFICATION

Please ensure you enter your full name exactly as it appears on your passport.



2. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____																						
3. Surname/family name	_____																						
4. Given name(s)	_____																						
5. Middle name(s)	_____																						
6. Date of birth (DD/MM/YYYY)	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																						
7. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____																						
8. Previously known or other name(s) known by (e.g. maiden name) (if applicable)	<p>Previous Surname/Family Name _____</p> <p>Previous Given/First Name(s) _____</p>																						

SECTION C. APPLICANT'S PERSONAL CONTACT DETAILS

9. Please provide the correct address for the applicant named in Section B

Number and street			
Suburb/Town/City		State/Territory/Province	
Country		Postcode	
Home phone number (Including country code)	+ <input type="text"/> <input type="text"/>	Mobile number (Including country code)	+ <input type="text"/> <input type="text"/>
Applicant email			

SECTION D. AUTHORITY TO ACT (OPTIONAL)



10. It is not necessary to, but you may nominate a person, or an agent, to receive all correspondence regarding the dental practitioner assessment process on your behalf. If you choose to do so, you will need to complete an Authority to act form.

Do you wish to nominate someone to act on your behalf? Please mark one option only.

- Yes. I have complete and attached an Authority to act form and understand all correspondence regarding the dental practitioner assessment process will be forwarded to my chosen nominee. This form is available from our website adc.org.au under Assessment Publications.
- No, I do not wish to have someone act on my behalf.

Please note: A new authority to act must be nominated with each application.

SECTION E. APPLICATION TYPE

11. Mark option applicable to your application (you may only select one)	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental hygienist <input type="checkbox"/> Dental therapist <input type="checkbox"/> Combined dental therapist/dental hygienist <input type="checkbox"/> Dental prosthodontist
12. Skills Assessments: Mark option most appropriate to your application (you may only select one)	<p>The ADC is authorised by the Australian Department of Home Affairs as the assessing authority for overseas trained dentists who intend to migrate to Australia.</p> <p>If you are a dentist please indicate below the purpose of your application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Registration only <input type="checkbox"/> Skills assessment only (for migration) <input type="checkbox"/> Registration and skills assessment <p>Please note: the ADC does not conduct skills assessments for other dental practitioners. For this, please contact VETASSESS.</p>

SECTION F. DENTAL QUALIFICATION DETAILS


13. Title of Dental qualification																			
14. Name of the university or college																			
15. University or college address																			
Number and street																			
Suburb/Town/City	State/Territory/Province																		
Country	Postcode																		
16. Course length (time taken to complete)	Years: _____	Months: _____																	
	Was this the normal length of your course?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
	Was this a full time course?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
17. Course dates	Date commenced: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (MM/YY)									Date completed: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (MM/YY)									
18. Internship/house officer dates (if applicable)	Date commenced: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (MM/YY)									Date completed: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (MM/YY)									
19. Total theory hours: (must provide evidence)																			
20. Total clinical hours: (must provide evidence)																			
21. Total Self-directed learning hours (if applicable - must provide evidence)																			

Please note: If your university has provided your hours as credits, you will need to provide further information in order to determine the total theoretical, clinical and self-directed hours undertaken. This may include:

- Total number of credits
- The division of these credits into:
 - Theory/lecture credits
 - Clinical/lab credits
 - Self-directed learning credits (if applicable).
- A definition of how 1 credit equates to actual hours per week (this may differ between theory, clinical and self-directed learning credits).
- The number of academic weeks in a semester .

SECTION FI. THIS SECTION SHOULD BE COMPLETED BY DENTAL HYGIENE/DENTAL THERAPY CANDIDATES ONLY

ATTACH SYLLABUS

Dental hygiene practice clinical skills

(tick box to indicate the subjects completed)

- Diagnosis and treatment planning
- Preventive dentistry
- Oral health education
- Local anaesthesia
- Oral radiography
- Periodontics
- Dental impression taking
- Orthodontics – please specify areas/topics covered in your education and training

- Other – please specify

Dental therapy practice clinical skills

(tick box to indicate the subjects completed)

- Diagnosis and treatment planning
- Preventive dentistry
- Oral health education
- Local anaesthesia
- Oral radiography
- Exodontia
- Restorative dentistry
- Dental impression taking
- Orthodontics – please specify areas/topics covered in your education and training

- Other – please specify

SECTION FII. THIS SECTION SHOULD BE COMPLETED BY DENTAL PROSTHETIST CANDIDATES ONLY

ATTACH SYLLABUS

Dental hygiene practice clinical skills

(tick box to indicate the subjects completed)

- Diagnosis and treatment planning
- Oral health education
- Oral radiography
- Construct and insert removable complete dentures
- Construct and insert removable partial dentures
- Construct and insert an implant retained overdenture
- Construct and insert thermoformed appliances
- Perform maintenance treatment for clients with removable dental prostheses
- Other – please specify



If you have a qualification as a dental technician relevant to your dental prosthodontist qualification, please provide evidence of this

SECTION G. REGISTRATION/LICENCE HISTORY



22. Licensing exam
(if applicable)

Did you sit and pass a national or regional licensing/registration examination to gain registration?

Yes

No

Not applicable

If yes, state the name of the examination and the examining authority

Please ensure you write the name of the registering body in this section, **not** your legal name.

23. Name of your **first full** registration OR licence authority

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24. Date of **first full** registration/licence

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(DD/MM/YYYY)

25. Name of your **current, or most recent**, registration/licence authority

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If your current registration/licence authority is the same as your first registration authority, please leave blank

26. Expiry date of your **current, or most recent** registration/licence

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(DD/MM/YYYY)

If your licence/registration does not expire, please leave blank

27. Registration/licence status

Have you ever been refused registration/licence?

Yes* No

Have you ever had your registration/licence withdrawn?

Yes* No

Are you subject to any professional disciplinary/legal proceedings past or pending?

Yes* No

*If you answered Yes to any of the above questions, please provide a signed written explanation.

28. Letter of Good Standing

The ADC requires an additional Letter/Certificate of Good Standing from the registration/licence authority the applicant was most recently registered with.

□ Yes, I have requested a Letter/Certificate of Good Standing to be posted to the ADC.

The ADC will not accept this document if it is provided by the applicant. The registration/licence authority must send this document directly to the ADC. If the document is not in English, the ADC will arrange for translation at no extra cost.

It is recommended that letters of good standing are posted to the ADC after your initial assessment application has been submitted.

The letter of good standing is valid for three months from the date that it was issued by the registering authority.

If your letter of good standing arrives before your application, it will be filed safely and combined with your application on receipt. If your letter of good standing arrives after your application and we can match it to your application, you will receive an email notification that it has been received.



The applicant cannot submit this document.

SECTION H. EMPLOYMENT HISTORY



29. Recency of practice

Have you worked as a dental practitioner in the last five (5) years?

Yes. Please complete the following employment details for each employer.

No. Please submit a signed written statement explaining why you have not worked in the last five (5) years.

(If you are or have been self-employed, please state and provide details below. Please refer to the Explanatory Notes and Checklist for more information.)

Employment details – if there are additional employers, please attach these on a new page.

Employer one

Name

State, territory and country

Your position

Dates of employment

Date commenced / / Date completed / /

Employer two

Name

State, territory and country

Your position

Dates of employment

Date commenced / / Date completed / /

Employer three

Name

State, territory and country

Your position

Dates of employment

Date commenced / / Date completed / /

Employer four

Name

State, territory and country

Your position

Dates of employment

Date commenced / / Date completed / /

SECTION I. PROFESSIONAL REFERENCES

30. Professional references

The ADC requires two (2) recent written professional references attesting to your competence and good standing as a dental practitioner. Referees must be from employers, supervisors or tutors. If you were self-employed, referees can be from professional colleagues.

Your references must be provided on the official letterhead (with the full address, telephone, email and website) of the person, company or government department. References must include:

- The name and position of the person issuing the reference typed or stamped below the person's signature.
- The direct contact number of the person writing the reference.
- The date the reference was issued. (Reference letters must be less than 12 months old.)

Due to a perceived conflict of interest, professional references from family members will not be accepted.

Reference one (1) name:

Email:

Reference one (2) name:

Email:

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 practitioner or otherwise regarding matters relevant to this application.
- 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 G.
- I have read the explanatory notes and authorise the Australian Dental Council to make any enquiries 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.

Applicant signature

Cannot be signed by authority to act or third party

Applicant name

Date (DD/MM/YYYY)

//

SECTION K. PAYMENT

Applications will not be processed until the assessment fee has been paid in full. A receipt will be issued upon clearance of payment. Please refer to the current schedule of fees at adc.org.au/practitioner-assessments

Payment by bank cheque or Australian Money Order

Payment type

Bank cheque

Australian Money Order (AMO)

Payment by bank cheque or AMO **must** be made in Australian dollars only.

Please note we are unable to accept cheques from the State Bank of India/Bank of India, or cheques with adhesive tape on the cheque face.

Payment by credit card

Credit card type

Visa

MasterCard

Card Number

Name on card

Card expiry date (MM/YY)

/

Cardholder signature

EXPLANATORY NOTES



Introduction

The first step in the Australian Dental Council (ADC) pathway is the assessment of the qualified dental practitioner's primary professional qualifications.

The ADC assesses your professional qualifications, work experience, registration/licensure history, good standing and other matters to establish your eligibility to proceed with the examinations where required. This assessment is based on the information you provide in this Application.

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.

The assessment of your application may take up to 8 weeks from the date your application is received. During peak application periods this may be longer. A **complete application** includes all the required documentation which must be posted to the ADC.

You will be notified via email if we need any additional information to process your application. Incomplete applications will result in assessment delays and applicants will be notified via email. Whilst in progress your application will be valid for one (1) year from initial receipt. Should your application remain incomplete at the end of this one (1) year period, you will be required to reapply should you wish to continue the process.

You will be notified via email of the outcome of the assessment and the next steps in the process.

Please note

To prevent delays in assessment of your application please read the application form, including the explanatory notes and checklist, carefully and ensure you have provided all the relevant supporting documentation.

Validity period

Once a renewal of initial assessment application has been assessed as complete, it will be valid for seven years from the date of completion.

Candidates will have seven years to successfully complete the ADC process (written examination and practical examination). If a candidate does not successfully complete the ADC process within seven years from the date of completion of their initial assessment, they will be required to renew their initial assessment in order to continue the ADC process.

Immigration Information

If you are an overseas trained dental practitioner who intends to migrate and work as a registered practitioner 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 these 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 Home Affairs in your state or territory**

homeaffairs.gov.au/about/contact/make-enquiry

Other documents we may need

Sometimes we may ask for additional documents or information where insufficient evidence is provided.

What you should not send

All of the documents required for the assessment of your qualifications are included in the Checklist.

If you are applying as a **general dentist**, please do **not** send additional documents such as any specialty course results and/or continuing professional education certificates.

If you are applying as a **dental hygienist, dental therapist or dental prosthetist** you may be required to submit additional documents such as specialty course results and/or continuing professional education certificates.

Identity/Change of Name

Applicants must state their full legally registered name **exactly as it appears on their passport**. 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 for this purpose.

If the name on your supporting documents does not match your passport (e.g. includes your father's name or has abbreviated one of your names) and is not accounted for by other evidence of name change, please provide a letter from the issuing authority acknowledging that both names refer to you.

Certification of photographs

The photographs submitted must not be older than nine (9) months. Photographs must be certified on the back according to the certification guidelines and must include the statement 'true photo' of [your name], as well as the date, signature, full name, contact details and title of the authorised officer).

Please refer to the Australian Dental Council's certification guidelines, which can be downloaded from the ADC website at adc.org.au

Translation of Documents

Translations in English of all non-English documents must be provided and attached to the document/s to which they refer. The ADC recommends candidates provide translations completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).

Please note

The translator's details (name, address, etc.) must be stated in English. Translations must be provided in full. The ADC will not accept extract or partially translated documents.

Applicant's Personal Details and Identification

ALL applicants must complete Section B of this application to ensure accurate information is provided for future use. Applicants must provide a clear, certified copy of a valid international passport as evidence of identity.

Assessment of alternative forms of identification occurs on a case-by-case basis and may or may not be accepted at the discretion of the ADC.

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 third parties unless specifically authorised to do so by you.

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 and not to you.

Please refer to the ADC's Authority to Act form which can be downloaded from the ADC website at adc.org.au

Professional References

You will need to provide two dated professional references as part of your application. References must be in writing, be less than 12 months old and attest to your competence and good standing as a dental practitioner.

The ADC will accept written references made by employers, supervisors, or tutors. If you were self-employed, references from professional colleagues will be accepted. Due to perceived conflict of interest, the ADC will not accept professional references from family members.

Correspondence

Please ensure the email address you provide is reliable and checked regularly. Candidates who use free internet providers (Gmail, Yahoo etc.) should properly maintain their mailboxes and check junk mail or other filters. The ADC will not be responsible for non-receipt of correctly addressed emails.

 **CHECKLIST**

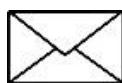
Please check to ensure the following information is completed in your application

Section A	<input type="checkbox"/> Question 1. Two (2) certified colour passport sized photographs of yourself for the purpose of identification.
Section B	<input type="checkbox"/> Questions 2 - 7 A clear copy of the identity page(s) of your current, valid passport.
	<input type="checkbox"/> Question 8 Evidence of change of name documentation where applicable.
Section C	<input type="checkbox"/> Question 9 All details entered.
Section D	<input type="checkbox"/> Question 10 Authority to act form included (where applicable)
Section F (and Fi &Fii if applicable)	<input type="checkbox"/> Question 13 Degree, diploma or certificate in original language and English translation where required
	<input type="checkbox"/> Question 16 Official transcript of your primary education course completed in the original language. Transcripts MUST state: <ul style="list-style-type: none"> • applicant's name • subjects • examination results and details • total theory, clinical and self-directed hours • course start and completion dates • language in which course was taught • copy of course syllabus (where applicable, dental hygiene/therapy and prosthodontist) • evidence of further training (where applicable, dental hygiene/therapy and prosthodontist).
Section F	<input type="checkbox"/> Question 18 Evidence of internship where applicable
Section G	<input type="checkbox"/> Question 22 Results of any national/state/regional board examination for licensure (where relevant)
	<input type="checkbox"/> Question 23 First registration certificate/licence
	<input type="checkbox"/> Question 25 Current registration certificate/licence
	<input type="checkbox"/> Question 28 Request a Letter/Certificate of Good Standing to be forwarded <i>This document will not be accepted if it is sent by the applicant. It must be sent directly from the registration/licence authority to the ADC. If the document is not in English, the ADC will arrange for translation at no extra cost.</i>

 **CHECKLIST (CONT.)**

Please check to ensure the following information is completed in your application

<p>Section H</p>	<p><input type="checkbox"/> Question 29</p>	<p>Official work statement must contain the following information from each of your employers.</p> <ul style="list-style-type: none"> • Provided on official letter head which includes full address and contact business details • Issue date • Applicant's name in full • Employment start and finish dates • Confirms the applicant was employed as a registered dental practitioner • Signed by a recognised Manager/Director. <p>Or if self-employed</p> <ul style="list-style-type: none"> • Appropriate evidence, such as a letter from your accountant or registering authority detailing the dates you have earned income as a dentist and supporting documents such as tax records, business registration certificate. <p>Or if not employed in the past five (5) years</p> <ul style="list-style-type: none"> • (If applicable) a signed written statement explaining why you have not worked as a dental practitioner in the last five (5) years.
<p>Section I</p>	<p><input type="checkbox"/> Question 30</p>	<p>Two (2) recent (dated) written professional references containing the following information:</p> <ul style="list-style-type: none"> • On official letter head of the person, company or government department providing the reference (including full address and contact business details) • Date issued (must be less than 12 months old) • Applicant's name in full • Attesting to the applicant's competence and good standing as a dentist • Signed by employer, supervisor or tutor or, if you were self-employed, from professional colleagues.



Post applications and certified documents to: PO Box 13278, Law Courts Vic 8010, Australia

If you plan on sending your documents via courier, please post to Level 6, 469 Latrobe Street, Melbourne Vic 3000.