



NEW SOUTH WALES

DENTAL TECHNICIANS REGISTRATION BOARD

REGISTRATION OF DENTAL TECHNICIANS IN NEW SOUTH WALES

1. THE BOARD

The Dental Technicians Registration Board is the independent statutory body created by the Dental Technicians Registration Act 1975 to maintain the Register of dental technicians and Index of dental prosthetists of New South Wales and administer the Act generally. The aims and objectives of the Board are as follows.

- o To maintain a Register of qualified dental technicians and an Index of qualified dental prosthetists entitled to practice in New South Wales.
- o To arrange examinations and determine the standards to be achieved in those examinations for eligibility to practise as dental technicians or dental prosthetists.
- o To promote the establishment of courses of training for persons wishing to become dental technicians or dental prosthetists in New South Wales.
- o To inquire into the competence of registered dental technicians and dental prosthetists to practise, and suspend or cancel registration or practising certificates, where appropriate.

2. REGISTRATION

Applicants may apply for registration under the Dental Technicians Registration Act 1975, the Mutual Recognition Act 1992 or Trans-Tasman Mutual Recognition Act 1996.

Applicants who are not registered in another State or Territory of Australia or New Zealand should apply under the Dental Technicians Registration Act. *Refer to item 2.1 below and Appendix 1.*

Applicants who are registered in another State or Territory of Australia, or New Zealand, should apply under mutual recognition. *Refer to item 2.2 below and Appendix 2.*

2.1 Dental Technicians Registration Act 1975

Section 15 of the Dental Technicians Registration Act provides that persons who prove to the satisfaction of the Board that they are of good character and aged of 18 years may be entitled to be registered if:-

- 1(a) they have, in the opinion of the Board, satisfactorily completed an approved course of training in technical work;
or
- 1(b) they establish to the satisfaction of the Board that they have, within the period of ten years immediately preceding the day on which they apply for registration, been bona fide engaged in carrying out technical work in New South Wales for a period of not less than four years; or
- 1(c) they have, in the opinion of the Board, satisfactorily completed any examination in technical work arranged by the Board for the purpose of determining their knowledge of and skill in carrying out technical work and demonstrated their ability satisfactorily to carry out technical work in New South Wales.

Approved courses of training under section 15(1)(a)

The Board has approved the following courses under section 15(1)(a) of the Act, subject to successful completion by applicants of 3500 hours supervised practice and the Board's examination for registration.

<i>Course</i>	<i>Awarding authority</i>	<i>Notes</i>
Diploma of Dental Technology	Sydney Institute of TAFE, Sydney, New South Wales	
Diploma of Dental Health Work (Dental Technology)	Southbank Institute of TAFE, Brisbane, Queensland	2002 onwards
Diploma of Dental Technology	Torrens Valley TAFE, Adelaide, South Australia	2002 onwards
Diploma of Dental Health Work (Dental Technology)	RMIT University, Melbourne, Victoria	2002 onwards
Diploma of Dental Technology	Central TAFE, Perth, Western Australia	2002 onwards

Expiry date for applications under section 15(1)(b)

Section 15(3) of the Act provides that a person is not entitled to be registered under section 15(1)(b) of the Act after 1 April 1982.

Examination for registration under section 15(1)(c)

All applicants for registration are required to successfully complete the Board's practical examination. The practical examination is of three days duration and requires a pass in five exercises, chosen from the following six.

1. A full/full denture set up on an anatomical articulator
2. A denture repair
3. A fully completed partial denture in acrylic
4. A chrome cobalt denture exercise
5. A crown and bridge exercise [To design and wax-up stage only]
6. An orthodontic exercise

Exercises 1-3, in general prosthetics, are compulsory. The other two exercises are chosen from exercises 4-6.

Application Procedures

An application for registration is attached as Appendix 1. The documentary requirements, which must accompany the application form, are outlined in the form.

All applicants are required to complete Form A, attached as Appendix 3. Applicants who are graduates of approved courses are also required to complete Form B, attached as Appendix 4, in respect of each employer.

The Board considers applications at its next monthly meeting (usually held on the fourth Thursday of each month) following receipt of the application. Graduates of approved courses may be offered a place at the Board's practical examination. Graduates of non-approved courses are interviewed by the Board's Qualifications Committee, and are required to undertake a trial multiple choice theory examination. The examination is to be conducted in English, and a high level of English literacy will be required. An acceptable performance at the interview will lead to the applicant being offered a place at the Board's practical examination.

Examinations are usually held in February and July each year. An examination fee of \$250.00 must be paid at least one month before the date of the examination. It should be noted that the payment of this fee does not guarantee the applicant a position in the examination until approved by the Board.

Candidates may inquire in writing concerning their results within three months from the date of the advice of the examination results. A candidate who fails one (1) exercise may be granted a supplementary examination in that (the failed) exercise only, at a subsequent examination. Candidates who fail more than one (1) exercise are required to re-sit the entire examination.

Applicants are not permitted to work in New South Wales until the Board has granted them registration. Working whilst unregistered is an offence under section 26(1) of the Dental Technicians Registration Act 1975, and a conviction can carry a fine of up to \$550.00. Any person who employs an unregistered person is also guilty of an offence under the same section, carrying the same penalty.

2.2 Mutual Recognition

Under the provisions of the Mutual Recognition Act 1992 and the Trans-Tasman Mutual Recognition Act 1996 a person who has a current authority to practise as a dental technician in another jurisdiction of Australia, or New Zealand, is entitled to be registered to practise as a dental technician in New South Wales. Mutual recognition provides an additional and alternative avenue to the Dental Technicians Registration Act for obtaining registration.

Application procedures

An application for registration form is attached as Appendix 2. The documentary requirements, which must accompany the application form, are outlined in the form.

Upon lodgement of a completed application “deemed” registration is granted. Deemed registration entitles the applicant to practice as a dental technician in New South Wales in accordance with the Dental Technicians Registration Act 1975. Applicants will receive a certificate of “deemed registration” indicating the duration of and any conditions that apply to their practice. Deemed registration continues until substantive registration is granted, or until it is cancelled or refused by the Board. Deemed registrants must be notified of such decisions within one calendar month from the deemed registration date. The Board’s decision is subject to appeal to the Administrative Appeals Tribunal. Deemed registration automatically leads to substantive registration within one month of the grant of deemed registration if a written notice to the contrary has not been issued within this month by the Board.

Substantive registration may be postponed or refused in cases where, for example, statements made in the application/notice are found to be materially false or misleading. Applicants granted substantive registration will be issued with a certificate of registration, and in due course with an annual renewal notice.

3. FURTHER INFORMATION

Further information is available from:

The Secretary	Telephone:	(02) 92190233
Dental Technicians Registration Board	Facsimile:	(02) 92812030
PO Box K599	E-mail:	dtechreg@doh.health.nsw.gov.au
Haymarket NSW 1238	Internet:	www.dtechreg.health.nsw.gov.au
Australia		

DENTAL TECHNICIANS REGISTRATION ACT 1975

APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN

NEW SOUTH WALES
DENTAL TECHNICIANS REGISTRATION BOARD

To: The Secretary Level 2
Dental Technicians Registration Board 28-36 Foveaux St
PO Box K599 Surry Hills NSW 2010
Haymarket NSW 1238 Australia
Australia

I, *Full name* _____

hereby apply to be registered as a dental technician in New South Wales under

 section 15(1)(a)) section 15(1)(c)) **Applicants are required to check a box here**

of the Dental Technicians Registration Act 1975, and provide the following information in support of my application.

1. PERSONAL DETAILS	
1.1	Surname:
1.2	Given names:
1.3	Previous name/s, aliases [if applicable]:
1.4	Address:
1.5	Telephone: (H) (W)
1.6	E-mail address:
1.7	Date of birth:
1.8	Place of birth:
1.9	Gender [M or F]:
1.10	I am: Applicants are required to check a box here <input type="checkbox"/> an Australian citizen <input type="checkbox"/> a permanent resident of Australia <input type="checkbox"/> other (Please supply details of status)
1.11	If born outside Australia, please provide date of first entry into Australia:

2. PREVIOUS REGISTRATION IN NEW SOUTH WALES	
2.1	Have you previously been registered as a dental technician in New South Wales? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	If the answer to Q2.1 is "Yes", please provide the following information:
	Registration number DT Date of removal from Register
2.3	Were you practising as a dental technician in New South Wales during the period you were unregistered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If the answer to Q2.3 is "Yes", please provide the following information in respect of each employer:
2.4.1	Name of dental laboratory
2.4.2	Owner of Dental Laboratory
2.4.3	Date commenced practising
2.4.4	Date Ceased Practising

Applicant's signature _____

DENTAL TECHNICIANS REGISTRATION BOARD

3.	QUALIFICATIONS		
3.1	Qualification/s on which the application is based.		
	<i>Degree/diploma</i>	<i>University/Institution</i>	<i>Year conferred</i>
	<i>A certified photocopy is required of the degree/s, diploma/s or other award/s listed in item 2.1. If the qualification/s were issued in a previous name documentary evidence [marriage certificate, deed poll, or other instrument] of the change of name must be provided.</i>		

3.2	Membership of any dental technician professional association/s	
	<i>Association</i>	<i>Grade of membership</i>

4.	PRACTICAL EXPERIENCE
4.1	Applicants are required to complete the attached Statutory Declaration Appendix 3 outlining the names of their previous employers, dates of employment, and full details of the type of technical work undertaken.

5.	REGISTRATION IN OTHER JURISDICTIONS			
5.1	Are you or have you ever been registered, certified and/or licensed as a dental technician or to otherwise practise as a dental technician in any other States, Territories or Countries?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	If the answer to Q5.1 is "YES", please provide the following information in respect of each such registration, certification or licence:			
5.2.1	<i>Name of State/s, Territory/s or Country/s:</i>	<i>Name of registering, certifying or licensing authority/s:</i>	<i>5.2.3 Date of registration/s, certification/s or license/s:</i>	<i>5.2.4 Registration number/s [if any]</i>
	<i>If you do hold registration in another State, Territory or Country it is necessary for you to arrange for a Certificate of Good Standing to be forwarded to the Board by the registering authority in that State, Territory or Country. The Certificate of Good Standing must be dated within three months of the date of the application.</i>			

6.	CONVICTIONS FOR OFFENCES			
6.1	Have you been convicted of any offence in or outside of New South Wales?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	If the answer to Q6.1 is "YES", please supply the following information in respect of each offence:			
6.2.1	<i>Date of offence/s</i>	<i>6.2.2 Nature of offence/s</i>	<i>6.2.3 Date of conviction/s</i>	<i>6.2.4 Court imposing conviction/s</i>

7.	GOOD CHARACTER		
	Refusal of registration		
7.1	Has any application for registration, certification or licensing as a dental technician or as a provider of dental technician services been refused for any reason in another State, Territory or Country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	If the answer to Q7.1 is "YES", please supply full details.		
	De-registration, suspension etc		
7.3	Has any registration, certification or licensure referred to in item 5.2 above been suspended, withdrawn, revoked, cancelled and/or removed for any reason?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	If the answer to Q7.3 is "YES", please supply full details.		

Applicant's signature _____

DENTAL TECHNICIANS REGISTRATION BOARD

7.5	Has any registration, certification or licensure referred to in item 5.2 above been made subject to any restrictions or conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.6	If the answer to Q7.5 is "YES", please supply full details.			
Current Complaints				
7.7	Are you currently as a dental technician or a provider of dental technician services or as a registered health care provider the subject of a complaint of lack of good character, professional misconduct, or other matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.8	If the answer to Q7.7 is "YES", please supply full details.			
Claims for damages				
7.9	Have you ever been named as a defendant in any court action for negligence or other malpractice in the provision of dental technician services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.10	If the answer to Q7.9 is "YES", please supply full details.			
Adverse findings of Courts etc.				
7.11	Have you ever been the subject of an adverse finding relating to your conduct as a dental technician or as a provider of dental technician services relating to your character by a Court, Royal Commission, special commission of inquiry or by the NSW Independent Commission Against Corruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.12	If the answer to Q7.11 is "YES", please supply the following information in respect of each adverse finding			
	<i>7.12.1 Name of Court/s etc</i>	<i>7.12.2 Name of proceeding/s or inquiry/s</i>	<i>7.12.3 Details of adverse finding/s</i>	<i>7.12.4 Date of adverse finding/s</i>
Character References				
7.13	Two completed character references <i>on forms provided in Appendix 5</i> from persons in the following categories. <ol style="list-style-type: none"> 1. Members of a profession which is regulated by an Act of Parliament in New South Wales or elsewhere, such as medical practitioners, dental technician, solicitors, architects. 2. Current employees of Commonwealth, State, and Territory governments (including Area Health Services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer. 3. Current serving members of Area Health Boards and Health Professional Boards (except the Dental Technicians Registration Board). 4. Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country. 5. Elected representatives in an Australian Parliament. (Commonwealth, State, or Territory) 6. Ministers of religion 			
	<i>The referee must have known you for at least 12 months. The reference must be dated within six months of the date of your application. Character references from your immediate family are not acceptable.</i>			

8.	PHOTOGRAPHS
8.1	Two passport sized photographs, certified on the back as being a true likeness of me by one of my character referees or a Justice of the Peace.

9.	REGISTRATION FEE								
9.1	Application for registration fee of \$120.00.								
	<i>Cheques or money orders should be made payable to the Dental Technicians Registration Board. Overseas cheques and bank drafts must be in Australian dollars and made payable to an Australian bank. Credit card payments Visa/MasterCard/Bankcard only</i>								
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Visa</td> <td style="width:15%;"><input type="checkbox"/> MasterCard</td> <td style="width:15%;"><input type="checkbox"/> Bankcard</td> <td style="width:55%;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align:right;">/</td> </tr> </table>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard					/
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard							
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; text-align:center;"><i>Card Type</i></td> <td style="width:30%; text-align:center;"><i>Card No</i></td> <td style="width:25%; text-align:center;"><i>Card Expiry</i></td> </tr> <tr> <td colspan="3" style="text-align:center; height: 20px;"><i>Signature</i> _____</td> </tr> </table>	<i>Card Type</i>	<i>Card No</i>	<i>Card Expiry</i>	<i>Signature</i> _____				
<i>Card Type</i>	<i>Card No</i>	<i>Card Expiry</i>							
<i>Signature</i> _____									

Applicant's signature _____

10.	EVIDENCE OF IDENTITY
10.1	A driver's licence or current passport, OR any two of the following. Bankcard/Credit Card Bank Passbook Current Bank statement Current car registration papers Current telephone, electricity, water rates, gas or council rates account. <i>Must be paid and in applicant's name</i> Expired driver's licence. <i>Within 2 years</i> Australian income tax assessment. <i>Previous year only</i> Medicare card

11.	STATUTORY DECLARATION
11.1	Applicants are required to complete the attached Statutory Declaration.

12.	AUTHORISATION
12.1	Applicants are required to complete the attached authorisation for the Board to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine the applicant's eligibility for registration as a dental technician in New South Wales.

Applicant's signature

Date

NOTES

This application for registration as a dental technician in New South Wales under the Dental Technicians Registration Act 1975 comprises pages 4-9 of the document entitled "Registration of dental technicians in NSW" approved by the New South Wales Dental Technicians Registration Board.

A photocopy of any of the documents required to accompany this application may be provided if it is certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original.

Each page of the application must be signed by the applicant.

STATUTORY DECLARATION

I, *Full name* _____

of _____

_____ *Address*

do sincerely declare that:

1. I am the applicant for registration as a dental technician referred to in this application;
 2. the information supplied by me in this application is complete and true to the best of my knowledge and belief;
- and I make this declaration conscientiously believing the same to be true, and by virtue of the Oaths Act 1900.

Date

Declared at _____
Place of declaration

before me _____
Applicant's signature

Signature of Justice of the Peace

AUTHORISATION

1. I authorise and consent to the Dental Technicians Registration Board of New South Wales and its Secretary, inspectors and employees to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine my eligibility for registration as a dental technician in New South Wales.
2. I indemnify the Dental Technicians Registration Board, its Secretary, inspectors 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 dental technician in New South Wales.

Applicant's signature

Date

12. **DECLARATION**

I make this solemn declaration, as to the matter 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

_____ *Place of declaration*

before me

_____ *Applicant's signature*

_____ *Signature of Justice of the Peace/Solicitor/Public Notary*

NOTES

This application for registration as a dental technician in New South Wales under Mutual Recognition comprises pages 10-12 of the document entitled "Registration of dental technicians in NSW" approved by the New South Wales Dental Technicians Registration Board.

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 (Item 10).

A photocopy of any of the documents required to accompany this application may be provided if it is certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original.

FORM A FOR COMPLETION BY ALL APPLICANTS

STATUTORY DECLARATION

I, *Full name* _____

of _____

Address

do hereby solemnly and sincerely declare and affirm that I set out below details of my training and experience as a dental technician.

Method of tuition:	<input type="checkbox"/> Full Time course	<input type="checkbox"/> Part Time course	<input type="checkbox"/> Apprenticed
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Name of employer/Training Institution	Duration		Hrs of instruction per week			Main areas of instruction
	<i>From</i>	<i>To</i>	<i>Pract</i>	<i>Theory</i>	<i>Total</i>	

Employment Service

Names of and location of employer/s	From	To	Full details of technical work undertaken

And I make this solemn declaration, as to the matter 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.

_____ *Date*

Declared at _____ *Place of declaration*

before me _____ *Applicant's signature*

_____ *Signature of Justice of the Peace*

FORM B FOR COMPLETION BY GRADUATES OF APPROVED COURSES ONLY

STUDENT	
Full name:	

EMPLOYER/SUPERVISOR	
I certify that the entries in this record will be signed by a registered dental technician, dental prosthetist or dentist. I am fully conversant with the requirements of the Board to provide the student named with the necessary work supervision. I have abided by the guidelines in technical work as set out in the TAFE syllabus.	
Student's name:	
Commenced work at my laboratory on:	<i>Date commenced work</i>
And <input type="checkbox"/> was still employed on:	<i>Date still employed</i>
Or <input type="checkbox"/> ceased employment on:	<i>or ceased employment</i>

RECORD OF HOURS WORKED			
Total Hours	Laboratory	Student's Signature	Supervisor's Signature

LABORATORY DETAILS	
Name of proprietor of laboratory:	
Name of laboratory:	
Address of laboratory:	
Telephone number of laboratory:	
Employer/Supervisor name:	
Employer/Supervisor signature:	
Date:	
Employer/Supervisor Registration Number:	

PLEASE PHOTOCOPY THIS FORM [APPENDIX 4 – FORM B] IN THE EVENT OF MORE THAN ONE EMPLOYER.

APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN

CHARACTER REFERENCE

I, *Full name* _____
of _____

_____ *Address*
Telephone _____ (*W*) _____ (*H*)

Occupation _____ *Category number* _____

do sincerely declare that I have known _____
Full name of applicant for registration

for _____ years, in the following capacity _____
Capacity in which the applicant for registration is known

and that in my opinion this person is of good fame and character, and in that respect suitable for registration as a dental technician in accordance with the provisions of the Dental Technicians Registration Act 1975. I believe that I have sufficient knowledge of the applicant to form this opinion.

I am not aware of any prior refusal to Register, prior deregistration or suspension from any Register, current complaints, claims for damages, expulsion from an academic institution, convictions or adverse findings of Courts or Royal Commissions with respect to the applicant, or any other matter that may reflect adversely on the applicant's good character. I have no concerns about the applicant's honesty and integrity, ability to maintain privacy and confidentiality, commitment to maintaining the reputation and standing of the profession, moral position to resist opportunity for exploitation (including sexual exploitation) or respect for the personal and religious beliefs of others.

Referee's signature

Date

Categories

1. Members of a profession which is regulated by an Act of Parliament in New South Wales or elsewhere, such as medical practitioners, dental technicians, solicitors, architects.
2. Current employees of Commonwealth, State, and Territory governments (including Area Health Services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer.
3. Current serving members of Area Health Boards and Health Professional Boards (except the Dental Technicians Registration Board).
4. Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country.
5. Elected representatives in an Australian Parliament. (Commonwealth, State, or Territory).
6. Ministers of religion.

NOTES

- *As a guide, this character reference should be dated within the last six months by someone who has known the applicant for 12 months or longer.*
- *Any information known to the referee which may reflect adversely on the applicant's character should be provided to the Board under separate cover.*
- *Character references from the applicant's immediate family are not acceptable.*

APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN

CHARACTER REFERENCE

I, *Full name* _____
of _____

_____ *Address*
Telephone _____ (*W*) _____ (*H*)

Occupation _____ *Category number* _____

do sincerely declare that I have known _____
Full name of applicant for registration

for _____ years, in the following capacity _____
Capacity in which the applicant for registration is known

and that in my opinion this person is of good fame and character, and in that respect suitable for registration as a dental technician in accordance with the provisions of the Dental Technicians Registration Act 1975. I believe that I have sufficient knowledge of the applicant to form this opinion.

I am not aware of any prior refusal to Register, prior deregistration or suspension from any Register, current complaints, claims for damages, expulsion from an academic institution, convictions or adverse findings of Courts or Royal Commissions with respect to the applicant, or any other matter that may reflect adversely on the applicant's good character. I have no concerns about the applicant's honesty and integrity, ability to maintain privacy and confidentiality, commitment to maintaining the reputation and standing of the profession, moral position to resist opportunity for exploitation (including sexual exploitation) or respect for the personal and religious beliefs of others.

Referee's signature

Date

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