



NEW SOUTH WALES

DENTAL TECHNICIANS REGISTRATION BOARD

RESTORATION OF NAME TO THE REGISTER OF DENTAL TECHNICIANS OR INDEX OF DENTAL PROSTHETISTS OF NEW SOUTH WALES

1. INTRODUCTION

Dental Technicians or Dental Prosthetists previously registered in New South Wales, and whose names were removed from the Register for non-payment of the annual roll fee, may apply for restoration of their names to the Register.

Applicants may apply for restoration under the Dental Technicians Registration Act 1975, or the Mutual Recognition Act 1992, or the Trans-Tasman Mutual Recognition Act 1997.

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 below and Appendix 1.*

Applicants who are registered in another State or Territory of Australia, or New Zealand may apply under mutual recognition legislation. *Refer to item 3 below and Appendix 2.*

In either case, all applicants for restoration of their name to the Index of Dental Prosthetists must complete Appendix 3 in relation to their Professional Indemnity Insurance coverage.

2. RESTORATION UNDER THE DENTAL TECHNICIANS REGISTRATION ACT 1975

Persons who originally registered under section 15(1)(b) of the Act are not entitled to have their names restored to the Register/Index if they have ceased to be registered for a period of five or more years.

Application procedures

An application form is attached as Appendix 1. The documentary requirements, which must accompany the application form, are outlined in the form. A checklist is appended to assist applicants to comply with the Board's requirements.

As noted in item 4 in the application form, applicants are not required to disclose offences relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999), except for the following offences.

- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street furiously or recklessly or at a speed or in a manner which is dangerous to the public.
- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street negligently if the applicant is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200.
- Any offence under section 19 (2) of the Road Transport (General) Act 1999 (which relates to refusing to produce a driver licence when required or to state name and home address, or stating a false name and home address).
- Any offence under section 12 (1) of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to driving etc while under the influence of alcohol or any other drug).
- Any offence under section 25A (1), (2) or (3) of the Road Transport (Driver Licensing) Act 1998 (which relates to driving while unlicensed).
- Any offence under section 70 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to failing to stop after an accident).
- Any offence under section 9 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to presence of prescribed concentration of alcohol in person's blood).

- Any offence under section 43 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to menacing driving).
- Any other offence under the road transport legislation if the court orders the disqualification of the applicant from holding a driver licence.

The Board will consider applications for restoration to the Register/Index at their meetings, which are usually held on the fourth Thursday of each month.

3. RESTORATION UNDER MUTUAL RECOGNITION

Under the provisions of the Mutual Recognition Act 1992 and Trans-Tasman Mutual Recognition Act 1997 a person who has a current authority to practise as a dental technician/dental prosthetist in another jurisdiction of Australia, or New Zealand, is entitled to be registered to practise in New South Wales.

Mutual Recognition provides an alternative avenue to the Dental Technicians Registration Act 1975 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 practise technical work in New South Wales in accordance with the Dental Technicians Registration Act.

Applicants will receive a certificate of “deemed registration” indicating 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 unless the Board issues a written notice to the contrary within that month.

Substantive registration may be postponed or refused in cases where, for example, statements made in the application are found to be materially false or misleading or the declaration at Appendix 3 concerning professional indemnity insurance is either incomplete or not provided. Applicants granted substantive registration will be issued with a certificate of registration and in due course, with an annual registration renewal notice.

4. PROFESSIONAL INDEMNITY INSURANCE

In accordance with the provisions of the Health Care Liability Act 2001 and Regulation, the Board may not register a person to practise dental prosthetics in New South Wales unless it is satisfied that the person will be covered by professional indemnity insurance or that the person is exempt from that requirement under the Regulation. **All applicants for registration as a dental prosthetist are therefore required to complete Appendix 3 of this application form.**

5. FURTHER INFORMATION

Further information is available from:

The Secretary
Dental Technicians Registration Board
PO Box K599
Haymarket NSW 1238
Australia

Telephone: (02) 9219 0209
Facsimile: (02) 9211 9318
E-mail: dtech@hprb.health.nsw.gov.au
Internet: www.dtechreg.health.nsw.gov.au

DENTAL TECHNICIANS REGISTRATION ACT 1975

APPLICATION FOR RESTORATION OF NAME TO THE REGISTER OF DENTAL TECHNICIANS
AND/OR INDEX OF DENTAL PROSTHETISTS

To: The Secretary
Dental Technicians Registration Board
PO Box K599
HAYMARKET NSW 1238
AUSTRALIA

Level 6
Sydney Central Building
477 Pitt Street
SYDNEY NSW 2000
AUSTRALIA

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

I, Full name

hereby apply for restoration of my name to the Register of Dental Technicians/Index of Dental Prosthetists of New South Wales under 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) (M)
1.6	E-mail address:		
2.	REGISTRATION DETAILS		
2.1	Registration number:	DT	DP
2.2	Section of the Act previously registered under:	Section 15(1)(a) <input type="checkbox"/>	Mutual Recognition Act 1992 <input type="checkbox"/>
		Section 15(1)(b) <input type="checkbox"/>	Trans-Tasman Mutual <input type="checkbox"/>
		Section 15(1)(c) <input type="checkbox"/>	Recognition Act 1997 <input type="checkbox"/>
2.3	Date of and reason for removal of name from the Register:		
<i>You may need to contact the Board's office in order to complete items 2.1, 2.2 or 2.3</i>			
2.4	Were you practising as a dental technician/dental prosthetist in New South Wales during the period you were unregistered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5	If the answer to Q2.4 is "YES", please provide full details, including dates, practice location/s, and employer's name/s		
3.	REGISTRATION IN OTHER JURISDICTIONS		
3.1	Are you or have you ever been registered, certified and/or licensed as a dental technician/dental prosthetist or to otherwise practise technical work in any other States, Territories or Countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2	If the answer to Q3.1 is "YES", please provide the following information in respect of each such registration, certification or licence:		
3.2.1	Name of State/s, Territory/s or Country/s:	3.2.2 Name of registering, certifying or licensing authority/s:	3.2.3 Date of registration/s, certification/s or license/s:
			3.2.4 Registration number/s [if any]
<i>If you 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 jurisdiction. Certificates of Good Standing must be dated within three months of the date of the application.</i>			

Applicant's signature _____

4.	CONVICTIONS/CRIMINAL FINDINGS			
4.1	Have you been convicted of any offence or made the subject of a criminal finding in this State or elsewhere? <i>Excludes any offence relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999), except those offences listed on pages 2 and 3 of the document entitled "Restoration of names to the Register of Dental Technicians / Index of Dental Prosthetists of New South Wales" published by the NSW Dental Technicians Registration Board.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	If the answer to Q4.1 is "YES", please supply the following information in respect of each offence:			
	4.2.1 Date of offence/s	4.2.2 Nature of offence/s	4.2.3 Date of conviction/s or criminal finding/s	4.2.4 Court imposing conviction/s or criminal finding/s

5.	GOOD CHARACTER			
Refusal of registration				
5.1	Has any application for registration, certification or licensing as a dental technician/prosthetist or as a provider of technical work been refused for any reason in another State, Territory or Country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	If the answer to Q5.1 is "YES", please supply full details.			
De-registration, suspension etc				
5.3	Has any registration, certification or licensure referred to in item 3.1 above been suspended, withdrawn, revoked, cancelled and/or removed for any reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	If the answer to Q5.3 is "YES", please supply full details.			
5.5	Has any registration, certification or licensure referred to in item 3.1 above been made subject to any restrictions or conditions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	If the answer to Q5.5 is "YES", please supply full details.			
Current Complaints				
5.7	Are you currently as a dental technician/prosthetist or as a provider of technical work 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
5.8	If the answer to Q5.7 is "YES", please supply full details.			
5.9	Are you currently the subject of pending criminal proceedings in NSW or elsewhere for a sex/violence offence? <i>A sex/violence offence is an offence involving sexual activity, acts of indecency, child pornography, physical violence, or the threat of physical violence.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10	If the answer to Q5.9 is "YES", please supply full details.			
Claims for damages				
5.11	Have you ever been named as a defendant in any court action for negligence or other malpractice in the provision of technical work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.12	If the answer to Q5.11 is "YES", please supply full details.			
Academic Conduct				
5.13	Have you ever been suspended or expelled/excluded from a tertiary education institution?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.14	Have you ever been found guilty of cheating or other dishonesty by a tertiary education institution?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.15	If the answer to Q's 5.13 or 5.14 is "YES", please supply full details			

Applicant's signature _____

Adverse findings of Courts etc.

5.16	Have you ever been the subject of an adverse finding relating to your conduct as a dental technician or as a provider of technical work or 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
5.17	If the answer to Q5.16 is "YES", please supply the following information in respect of each adverse finding	
5.17.1	5.17.2	5.17.3
<i>Name of Court/s etc</i>	<i>Name of proceeding/s or inquiry/s</i>	<i>Details of adverse finding/s</i>

6.	IMPAIRMENT	
6.1	Do you suffer from any physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, your physical or mental capacity to practise technical work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	If the answer to Q6.2 is "YES", please supply full details.	

7.	APPLICATION FEE	
7.1	Application for restoration fee: Dental Technician - \$120.00. <input type="checkbox"/> Dental Prosthetist - \$240.00 <input type="checkbox"/>	
7.2	Do you wish to apply for a waiver of all or part of the re-registration fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	If the answer to Q7.2 is "YES", please supply full details, including amount of waiver requested and reasons for the waiver.	
<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>		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard		/
<i>Card type</i>	<i>Card number</i>	<i>Card expiry</i>
<i>Signature</i>		

8.	STATUTORY DECLARATION
8.1	Applicants are required to complete the attached Statutory Declaration.

9.	AUTHORISATION
9.1	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 restoration to the Register of dental technicians New South Wales.

Applicant's signature

Date

NOTES

- This application for restoration of name to the Register of dental technicians in New South Wales under the Dental Technicians Registration Act 1975 comprises pages 3-7 of the document entitled "Restoration of names to the Register of Dental Technicians / Index of Dental Prosthetists of New South Wales" approved by the New South Wales Dental Technicians Registration Board.
- A photocopy of any of the documents required to accompany this application must be 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 restoration of name to the Register of dental technicians of New South Wales 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 Registrar, 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 restoration of my name to the Register of dental technicians/ Index of dental prosthetists of 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 restoration of my name to the Register / Index in New South Wales.

Applicant's signature

Date

**APPLICATION FOR RESTORATION OF NAME
TO THE REGISTER OF DENTAL TECHNICIANS / INDEX OF DENTAL PROSTHETISTS
OF NEW SOUTH WALES
UNDER THE DENTAL TECHNICIANS REGISTRATION ACT**

APPLICANT'S CHECKLIST

The following checklist is provided to assist applicants in complying with the Board's requirements.

Personal Details	
<input type="checkbox"/> Completed	
Registration details	
<input type="checkbox"/> Completed	<input type="checkbox"/> Question answered, details provided (if required)
Registration in other jurisdictions	
<input type="checkbox"/> Completed	<input type="checkbox"/> Certificate/s of Good Standing, if required. <i>Dated within 3 months of the date of the application for each jurisdiction registered or previously registered in.</i>
Convictions/Criminal findings	
<input type="checkbox"/> Completed	<input type="checkbox"/> Question answered, details provided (if required)
Good Character	
<input type="checkbox"/> Refusal of registration	<input type="checkbox"/> Question answered, details provided (if required)
<input type="checkbox"/> Deregistration, suspension etc	<input type="checkbox"/> Question answered, details provided (if required)
<input type="checkbox"/> Current complaints	<input type="checkbox"/> Questions answered, details provided (if required)
<input type="checkbox"/> Pending criminal proceedings	<input type="checkbox"/> Question answered, details provided (if required)
<input type="checkbox"/> Claims for damages	<input type="checkbox"/> Question answered, details provided (if required)
<input type="checkbox"/> Academic Conduct	<input type="checkbox"/> Questions answered, details provided (if required)
<input type="checkbox"/> Adverse findings of Courts etc	<input type="checkbox"/> Question answered, details provided (if required)
Impairment	
<input type="checkbox"/> Completed	<input type="checkbox"/> Question answered, details provided (if required)
Fee/s	
<input type="checkbox"/> Enclosed	
Professional Indemnity Insurance (Dental Prosthetists only)	
<input type="checkbox"/> Declaration at Appendix 3 completed	
Statutory Declaration	
<input type="checkbox"/> Completed	<input type="checkbox"/> Signed by a Justice of the Peace
Authorisation	
<input type="checkbox"/> Completed	
Application form	
<input type="checkbox"/> Signed on each page	

MUTUAL RECOGNITION ACT 1992
(SECTION 19 NOTICE)

TRANS-TASMAN MUTUAL RECOGNITION ACT 1997
(SECTION 18 NOTICE)

APPLICATION FOR REGISTRATION

STATUTORY DECLARATION

To:	The Secretary Dental Technicians Registration Board PO Box K599 HAYMARKET NSW 1238 AUSTRALIA	Level 6 Sydney Central Building 477 Pitt Street SYDNEY NSW 2000 AUSTRALIA
-----	--	---

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

I, Full name _____
hereby apply to be registered as a dental technician/dental prosthetist in New South Wales in accordance with the provisions of the Mutual Recognition Act 1992, or Trans-Tasman Mutual Recognition Act 1997, 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]:		

2.	I am currently registered in _____ which is the jurisdiction upon which my application is based. <i>Jurisdiction</i>
----	---

3.	CURRENT REGISTRATION		
3.1	I have equivalent registration in the following States and Territories of Australia, or New Zealand, in addition to the one in item (2) above.		
	<i>3.1.1 Registered occupation/s</i>	<i>3.1.2 Registration Number</i>	<i>3.1.3 Jurisdiction</i>

4.	DECLARATION OF CRIMINAL, CIVIL OR DISCIPLINARY PROCEEDINGS		
4.1	I am not the subject of disciplinary proceedings in any State or Territory of Australia, or New Zealand, (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the above occupation/s.		

5.	CANCELLATION OR SUSPENSION		
5.1	My registration has not been cancelled nor is it currently suspended in any State or Territory of Australia, or New Zealand as a result of disciplinary action.		

Applicant's signature _____

6.	PROHIBITIONS/SPECIAL CONDITIONS: CRIMINAL/CIVIL OR DISCIPLINARY PROCEEDINGS
6.1	I have not been personally prohibited from carrying on the occupation/s for which registration is sought, in any State or Territory of Australia, nor am I subject to any special conditions in carrying on that/those occupation/s, as a result of criminal, civil or disciplinary proceedings, in any State or Territory of Australia, or New Zealand.

7.	SPECIAL CONDITIONS
7.1	Special conditions do not apply to my carrying on the occupation/s for which registration is sought. <i>If special conditions do apply please check the box <input type="checkbox"/> and attach details of those conditions.</i>

8.	INQUIRIES AND INFORMATION GATHERING
8.1	I give consent to the making of inquiries of, and the exchange of information with, the authorities in any State or Territory of Australia, or New Zealand, regarding my activity in the occupation/s for which registration is sought or otherwise regarding my application for registration.

9.	CURRENT PRACTISING CERTIFICATE
9.1	The attached document evidencing my registration is the original or a complete and accurate copy of my current authority to practise in the jurisdiction listed in item (2) above

10.	APPLICATION FEE		
10.1	Application for registration fee: Dental Technician - \$120.00. <input type="checkbox"/>		
	Dental Prosthetist - \$240.00 <input type="checkbox"/>		
10.2	Do you wish to apply for a waiver of all or part of the application fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3	If the answer to Q10.2 is "YES", please supply full details, including amount of waiver requested and reasons for the waiver.		
	<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>		
	<input type="checkbox"/> Visa		
	<input type="checkbox"/> MasterCard		
	<input type="checkbox"/> Bankcard		
	<i>Card type</i>	<i>Card number</i>	<i>Card expiry</i>
	<i>Signature</i>		

11.	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

before me

*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 9-10 of the document entitled "Restoration of names to the Register of dental technicians/Index of dental prosthetists of New South Wales" 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 must be certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original.*

**APPLICATION FOR RESTORATION OF NAME
TO THE REGISTER OF DENTAL TECHNICIANS / INDEX OF DENTAL PROSTHETISTS
OF NEW SOUTH WALES**

UNDER MUTUAL RECOGNITION LEGISLATION

APPLICANT'S CHECKLIST

The following checklist is provided to assist applicants in complying with the Board's requirements.

Personal Details	
<input type="checkbox"/> Completed	
Registration in other jurisdictions	
<input type="checkbox"/> Completed	<input type="checkbox"/> Jurisdiction upon which the application is based
<input type="checkbox"/> Completed	<input type="checkbox"/> Details of equivalent registration in other jurisdictions
Special conditions	
<input type="checkbox"/> Details provided (if required)	
Current practising certificate	
<input type="checkbox"/> Certified copy provided	
Fee	
<input type="checkbox"/> Enclosed	
Professional Indemnity Insurance (Dental Prosthetists only)	
<input type="checkbox"/> Declaration at Appendix 3 completed	
Declaration	
<input type="checkbox"/> Completed	<input type="checkbox"/> Signed by a Justice of the Peace
Application form	
<input type="checkbox"/> Signed on each page	

N.B. A certified copy is a photocopy certified by a Justice of the Peace, solicitor, or Notary Public, as a true copy of the original.

