

2026

NZDA CERTIFICATE IN

# dental assisting


**New Zealand  
Dental Assoc.**

**ONLINE DISTANCE LEARNING PROGRAMME PROVIDED BY NZDA**
**FEBRUARY 2026**

The New Zealand Dental Association Certificate in Dental Assisting will provide you with the opportunity to develop the skills to competently and safely assist a dentist, dental therapist, oral health therapist, or dental hygienist during oral health care procedures. You will also gain the skills to assist with practice administration.

To enrol you **MUST**:

- Be a permanent resident of New Zealand at the time of enrolment
- Be employed for a minimum of 20 hours per week in a dental practice and be supervised by a dentist who is an NZDA member.

To successfully complete the course students **MUST**:

- Complete all online learning, assessments and workbooks within the required time frames
- Have current (valid at course completion) Life Support Skills to the level of NZRC CORE Immediate Adult and Child, or equivalent, prior to completion of the course.

*Please note, this is the same level of training required for a dentist (not performing sedation).*

**Note: The NZDA Certificate in Dental Assisting course is no longer NZQA accredited.**

**REGISTRATIONS CLOSE  
14 DECEMBER 2025**

## CERTIFICATE IN DENTAL ASSISTING REGISTRATION FORM

- ☐ Yes, I am a New Zealand Permanent Resident.
- ☐ Yes, I wish to enrol for the NZDA Certificate in Dental Assisting course at \$1485 (inc. GST) per student. Note: the cost of attending a resuscitation course is NOT included.
- ☐ Yes, I have completed and will return all three pages of this form.

## PRACTICE DETAILS

NAME OF STUDENT: .....

PRACTICE NAME: .....

PRACTICE STREET ADDRESS: .....

..... POSTCODE: .....

PRACTICE EMAIL: ..... PRACTICE PHONE: .....

(This email address will be used for administration staff to verify the student's work hours. If the supervising dentist prefers to do this, please put the dentist's email here)

## DENTIST DETAILS

NAME OF SUPPORTING DENTIST: ..... NZDA MEMBER NO: .....

DENTIST EMAIL FOR STUDENT SUPERVISOR ROLE: .....

**Dentist statement: I agree to assist with workplace training. I will provide the necessary workplace assessment required in order for the above student to complete this course.**

DENTIST SIGNATURE: ..... DATE: .....

PAYMENT DETAILS: ☐ MASTERCARD ☐ VISA Credit card payments will incur a 2.1% surcharge.

CARD NUMBER: ..... EXPIRY DATE: .....

NAME ON CARD: ..... SIGNATURE: .....

☐ BANK TRANSFER If you would like to pay by direct credit, please tick this box and we will contact you.

WHO IS PAYING FOR THIS COURSE?: ☐ STUDENT ☐ PRACTICE/EMPLOYER ☐ OTHER: (Please specify)

# information

## PRIVACY

The New Zealand Dental Association (NZDA) collects and stores information from this form to allow the efficient administration of the course. The information is also used to manage internal administrative processes and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. In addition, when required by statute the NZDA releases information to Government agencies such as the New Zealand Police, Ministry of Justice, Work and Income, the Accident Compensation Corporation (ACC), and Immigration NZ. The NZDA reserves the right to disclose relevant information regarding your progress on this course with your supervising dentist and/or the person/entity responsible for funding your participation on the course. In signing this enrolment form you authorise such disclosure(s) on the understanding that the NZDA will observe the general conditions governing the release of information, as set out in the NZ Privacy Act 2020. You may see any information held about you and amend any errors in that information. To do so, please contact the NZDA via telephone (09) 579 8001 or email [education@nzda.org.nz](mailto:education@nzda.org.nz)

## FEES

In signing this declaration, I understand that all fees are payable (in full) at the time of enrolment and that payment details are to be included with these forms.

## REFUNDS

If notification of cancellation of student enrolment is received prior or up to eight (8) days after the course commencing, the course fees less a 10% administration charge will be refunded.

Any refund provided is at the discretion of the NZDA.

If notification of cancellation of student enrolment is received more than eight (8) days after course commencement there will be no refund of course fees. No refund will be made to a student who leaves the course (for any reason, including failure to meet course requirements) before the course is completed. Fees cannot be transferred to another student or to another course year.

## FUNDING

Funding in the form of student loans or other government funding programmes (fees free) is not available for the NZDA Certificate of Dental Assisting.

## INTERNATIONAL STUDENTS

International students cannot be accepted onto the course. All students must be considered domestic students by the Ministry of Education (for further information on this please refer to the Ministry website: Definition of a domestic student in New Zealand - Ministry of Education) <https://www.education.govt.nz/our-work/legislation/international-student-legislation/definition-domestic-student-new-zealand>

## RULES

In signing this enrolment form you undertake to comply with the published rules and policies of the NZDA with regard to attendance, academic progress, health and safety, and behaviour.

## NOTIFICATION

In signing this enrolment form, you undertake to comply with the regulation to notify the NZDA of your current contact details at all times, and you accept that failure to do so can result in your enrolment being terminated.

## COURSE REQUIREMENTS

Each course module is a prerequisite for the subsequent one, so you must complete each module to a satisfactory standard in order to progress on the course. If you do not satisfactorily complete a module you may be deemed to have failed to meet the requirements of the course and your enrolment on the course may be terminated. All learning, assessments and workbooks must be completed within the prescribed timeframes. The NZDA reserves the right to update course material, requirements and delivery. Any such changes will be promptly communicated to students. Extensions will only be granted in exceptional circumstances and generally no more than two extensions will be granted over the duration of the course. The NZDA takes no responsibility for changes to learners' work commitments or personal circumstances. No refunds will be given following course failure (see refund policy).

## COURSE COMPLETION

Course requirements must be completed by the stipulated date. Failure to comply will be considered a course failure. In addition, students are required to provide evidence that they have completed appropriate resuscitation training in the 24 months preceding the course completion date.

## DECLARATION

I declare that to the best of my knowledge all the information supplied on and with this enrolment form is true and complete. I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I understand that I have the right to see and correct, if necessary, the information which I have provided. I agree to abide by the statutes, regulations and policies of the NZDA.

Full Name:

Signature:

Date:     /     /

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# nzda certificate in dental assisting enrolment

## STUDENT DETAILS

LAST NAME:	FIRST NAME/S:
GENDER (OPTIONAL):	
DATE OF BIRTH:	/ / (date/month/year)
POSTAL ADDRESS FOR NZDA CORRESPONDENCE:	
IS THIS ADDRESS YOUR: <input type="checkbox"/> HOME <input type="checkbox"/> PRACTICE	
PHONE (DAYTIME):	MOBILE:
EMAIL ADDRESS FOR NZDA CORRESPONDENCE:	

## EMERGENCY CONTACT DETAILS

NAME: (must be NZ based)	
RELATIONSHIP:	PHONE:

## EDUCATION DETAILS

☐ High School ☐ Technical College ☐ University

## REQUEST FOR ADDITIONAL SUPPORT

Do you have any disabilities or specific learning needs that need to be taken into consideration by the NZDA?

**Please ensure ALL pages of this form are completed, and sent to the NZDA:**

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Auckland 1541 e: education@nzda.org.nz  
New Zealand

