

Application Form

PROFESSIONAL SERVICES ROOM

Application fee: \$480.00

To be completed when a new professional services room is to be established

This application should be completed with reference to **'The Guide'**, the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation').

Professional Service Rooms are premises associated with but separate to an approved pharmacy and are limited to preparation and packaging. [see Guide Note 13 'Professional Services Room Requirements']

An application for Professional Services Room must be lodged with the Pharmacy Council of New South Wales ('the Council') at least **14 days before** the intended opening date. This application may not be considered until all documentation is received. All documentation must be received by the **lodgement date** for the application to be considered at the next Council Meeting. The lodgement dates can be found on the Council's website.

PROFESSIONAL SERVICES ROOM DETAILS TO BE REGISTERED

Name of Associated Pharmacy _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Professional Services Room Street Address

Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. DETAILS OF LEASE OF PROFESSIONAL SERVICES ROOM

(Lease agreement of premises/transfer of lease must be attached, see 4 - 'Document Schedule')

- 1.1 Will the Professional Services Room be leased? Yes
No (Go to 1.8)
- 1.2 Is this a new lease? Yes
No
- 1.3 Is this a transfer of an existing lease? Yes
No
- 1.4 Is the lease a sub-lease? Yes
[see Guide Note 10 'Lease of Premises'] No

1.5 Complete the following lease details (of the new or transferred lease):

Head Lessor Name _____

Lessor Name _____
(sub-lease)

Lessee Name(s) _____

1.6 What is the expiry date of this lease? _____

- 1.7 Does the lease have a percentage of turnover clause? Yes
[see Guide Note 10 'Lease of Premises'] No

Note: Any provision or clause in a lease agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

1.8 Other arrangement (please specify) _____

2. FINANCE

- Will the establishment of the Professional Services Room involve refinancing? Yes*
No

* If yes, attach Loan/Finance Agreement, see 4 - 'Document Schedule'

3. PROFESSIONAL SERVICES ROOM REQUIREMENTS

[See Guide Note 11- 'Sketch Plan' and Guide Note 13 'Professional Services Room Requirements']

3.1 Check list of all equipment

Dispensary Barcode scanner for each dispensing station

3.2 Latest edition of the following publications:

Health Practitioner Regulation National Law (NSW)

Health Practitioner Regulation (New South Wales) Regulation 2010

Poisons and Therapeutic Goods Act 1966 and Regulation

Latest editions and all published amendments or supplements to those editions of the publications listed in the *Pharmacy Board of Australia's guidelines on practice specific issues – Guideline 1 (List of reference texts for pharmacists)* as amended from time to time

Price Information Code of Practice

Alternatively it is acceptable for electronic versions of the above publications to be accessible from the pharmacy premises.

3.3 The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access.

Please complete the following:

Dispensary Floor area square metres] Minimum 8 square metres

Dispensary Bench area square metres] Minimum 1 square metre

3.4 It is important that a simple sketch plan (1:100) be supplied, either as an attachment, or drawn. If space is insufficient, attach a plan. The items listed in the Guide Note 11, 'Sketch Plan Information' should be highlighted.

Please ensure the following are marked on the sketch plan:

1. Sink with hot and cold running water
2. Dispensary barcode scanner(s)

PROFESSIONAL SERVICES ROOM SKETCH PLAN ON THIS PAGE

4. DOCUMENTS REQUIRED

The Law permits the Council to request copies of any documents in support of this application. All relevant documents in the schedule below are to be lodged together with this application.

Any unsigned documentation will not be accepted.

DOCUMENT SCHEDULE

(Please tick)

	Document Attached	Not Applicable
Lease agreement/Transfer of Lease agreement	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services Room Sketch Plan	<input type="checkbox"/>	

5. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

[See Guide Note 21- 'Inspections by the Council']

5.1 All Applications are subject to Council approval. Completed applications will be considered at the next monthly Council Meeting. The Council Secretariat can be telephoned **after 11am on the day following** the meeting in order to find out the outcome of the application. Correspondence in respect of approvals will be mailed within **10 working days** of the Council Meeting.

5.2 Any approval given by the Council is subject to a satisfactory inspection of the Professional Services Room. The date of registration of the Professional Services Room is deemed to be the date of satisfactory inspection.

Note: The inspection of the Professional Services Room must occur within 3 months of the lodgement of this application, on a date agreed upon by you and the Council Inspector. It is the responsibility of the applicant to contact the Council Inspector to make the necessary arrangements.

If the the Professional Services Room is not ready for inspection by the agreed date, you must provide the Council Inspector with a **minimum of 48 hours notice**.

On approximately what date can the Professional Services Room be inspected?

_____ (Please insert date(s))

Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

6. SIGNATURES AND DECLARATIONS BY ALL PARTIES

ALL PHARMACISTS TO SIGN

The following signatures are a declaration by the pharmacist(s) holding a financial interest in the associated pharmacy that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.

Pharmacist 1:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 2:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 3:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 4:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 5:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 6:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Application for Professional Services Room Payment

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the above application fee is exempt from the Goods and Services Tax (GST).

Application fee: \$480.00

Total: \$480.00

Cheque Made payable to the **Pharmacy Council of New South Wales**
Credit Card Complete details below

Name on the card _____

Cardholder's signature _____

Visa MasterCard

Card Number

Expiry date ____ / ____ Amount \$480.00 Date _____

We accept Visa or MasterCard only.