

Application Form

RELOCATION OR EXPANSION/REDUCTION OF PROFESSIONAL SERVICES ROOM

Application fee: \$480.00

To be completed when an existing professional services room is relocated to another site, resulting in a new address, or an existing professional services room is to undergo renovations that will substantially increase or decrease the size of the professional services room.

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 a Relocation or Expansion/Reduction of Professional Services Room must be lodged with the Pharmacy Council of New South Wales ('the Council') at least **14 days before** the intended change. 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.

EXISTING DETAILS AS ON THE REGISTER

Associated Pharmacy Name _____

Pharmacy Registration No PC _____

[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Current Professional Services Room Address _____

_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

3. FINANCE

Will the change of Professional Services Room involve refinance? Yes*
No

*If **yes**, attach Loan/Finance Agreement- see 5 - 'Document Schedule'

4. PROFESSIONAL SERVICES ROOM REQUIREMENTS

[See Guide Note 11 - 'Sketch Plan' and Guide Note 12 - 'Professional Services Room Requirements']

4.1 Check list of all equipment

Dispensary Barcode scanner for each dispensing station

4.2 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.

4.3 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

4.4 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' Guide Note 13 Professional Services Room Requirements' 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

5. 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 description	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 n	<input type="checkbox"/>	<input type="checkbox"/>
Any other agreement, arrangement information or details required to be attached to /included with this form	<input type="checkbox"/>	<input type="checkbox"/>

6. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

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

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.

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

Note: The application fee includes a fee for inspection of the premises. The inspection of premises 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 premises are not ready for inspection by the agreed date, you must provide the Council 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 _____

7. 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 Relocation or Expansion/Reduction of Professional Services Room Payment

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

Application fee \$480.00

Total Fee: \$480.00

Name on the card _____

Cardholder's signature _____

Visa MasterCard

Card Number

Expiry date ____ / ____

Amount \$480.00

Date _____

We accept Visa or MasterCard only.