

**PHARMACY REGISTRATION BOARD OF WESTERN AUSTRALIA  
(the Board)**

**ABN 75 635 660 854**

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**2021 REGISTRATION RENEWAL APPLICATION**

Pharmacy Regulations 2010 – Regulation 6 – Renewal of registration]

Premises: <Registration Number>

Pharmacy: <Pharmacy Name>

Pharmacist with overall responsibility: <Responsible Pharmacist>

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**APPLICANT**

Pharmacy Act 2010 – Section 56 – Pharmacist to have overall responsibility for pharmacy business

1. I am <Responsible Pharmacist>.

If yes, type your name as shown above in the field below.

<...>

If no, do NOT make application.

2. I understand that if my application is successful, it is my responsibility to retrieve the new *Certificate of Registration as a Pharmacy* for <Pharmacy Name> from the Self Service Certificate Portal on the Board's website.
3. I also understand this service can be used anytime I need a copy of the Certificate.

**I declare that the above statements are true and correct [checkbox here].**

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**THE PREMISES AND THE PHARMACY**

Pharmacy Act 2010 - Section 43 - Grounds for refusal

**The Premises is NOT:**

1. located wholly or partly within a supermarket.
2. capable of being entered from a supermarket.
3. capable of being used to gain entry to a supermarket.

**Tobacco products:**

1. are NOT sold or supplied at the Pharmacy.

**Significant alteration:**

1. I have read and understand the Board's definition of a significant alteration.
2. I have not made any significant alteration to the Pharmacy without prior written approval of the Board.

**The Pharmacy:**

1. is well lit, adequately ventilated and is air conditioned.
2. has fixtures and fittings that are maintained in a safe, clean and hygienic condition and in good repair.

**I declare that the above statements are true and correct [checkbox here].**

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**SCHEDULE 1 - MINIMUM STANDARDS**

**Minimum Standards:**

1. The Premises has at least one door allowing direct access to members of the public (the Public) from a street or thoroughfare.
2. The Premises does NOT have direct access to any adjoining premises.
3. The Premises and all fixtures and fittings at the premises are in a safe, clean and hygienic condition and in good repair.
4. Devices and systems are provided and maintained in good working order as is necessary to ensure that the Premises is reasonably secure against burglary, robbery, theft and unexplained loss.
5. The Premises is equipped with all prescribed items of equipment.

6. The Premises has a copy of, or immediate electronic access to the latest edition, and all published amendments or supplements to those editions, of –

- A. the Australian Medicines Handbook (AMH 2021).
- B. the Australian Pharmaceutical Formulary and Handbook (APF25).
- C. the MIMS Annual or eMIMS or AusDI.  
  
If yes, go to E.  
If no, go to D.
- D. the MIMS Integrated or MIMS Online.
- E. the eTG complete.
- F. the Pharmacy Act 2010 (WA).
- G. the Pharmacy Regulations 2010 (WA).
- H. the Medicines and Poisons Act 2014 (WA).
- I. the Medicines and Poisons Regulations 2016 (WA).

7. The Premises has a safe and secure location for the keeping of electronic prescription records.

8. The Premises has an area for the dispensing of medicines or drugs that has a minimum floor area of 10m<sup>2</sup> (the Dispensary). (\*)

If yes, go to 10  
If no, go to 9

9. The Dispensary has a floor area  $\geq 8.3\text{m}^2$  and  $< 10\text{m}^2$ . (\*)

10. The Dispensary has a suitable sink that has hot and cold running water connected.

11. The Premises has an area in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not a party to the consultation. (\*)

If yes, go to 13  
If no, go to 12

12. The Premises does NOT have an area in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not a party to the consultation. (\*)

(\*) In accordance with Regulation 13(2), if before 18 October 2010:

- 1. the floor area of the Dispensary was  $\geq 8.3\text{m}^2$  and  $< 10\text{m}^2$ ,  
and/or

2. the Premises did not have an area in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not a party to the consultation, and
3. significant alterations have not been made after 18 October 2010, then
4. the Premises is exempt from the above applicable requirement(s) until the Board approves an application for significant alterations as complete.

**13.** I understand my responsibility to ensure the Premises complies with all the applicable requirements of the Minimum Standards.

**14.** I understand my responsibility to ensure procedures, policies and/or protocols are in place to make sure the Premises maintains compliance with all the applicable requirements of the Minimum Standards in a timely manner at all times.

**15.** I understand that, if the premises is found not to comply with the minimum standards, the Board may cancel the registration.

**I declare that the above statements are true and correct [checkbox here].**

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## **PRESCRIPTION RECORDS**

Pharmacy Regulations 2010 - Regulation 16 - Record keeping

The Board's Guidelines for Record Keeping

1. A record is made of all prescriptions dispensed at, or from, the Premises.
2. All electronic prescription records -
  - A. are dealt with in a confidential manner and kept in a safe and secure manner.
  - B. for prescription only medicines are retained for at least 24 months.
  - C. for controlled prescription drugs are retained for at least 5 years.
3. I have read and understand the content of the Board's [Guidelines for Record Keeping](#), which detail its expectations in relation to storing electronic prescription records, including at off-site premises.

**I declare that the above statements are true and correct [checkbox here].**

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## **SUPERVISION**

Pharmacy Act 2010 - Section 57 - Supervision of pharmacy business by pharmacist

### **The Pharmacy Business:**

1. is carried on under the personal supervision of a pharmacist at all times.

**I declare that the above statement is true and correct [checkbox here].**

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## OWNERSHIP

Pharmacy Act 2010 - Section 54 - Ownership of, and interests in, pharmacy business

**There has been no breach of the ownership or proprietary interest provisions of Section 55 of the Pharmacy Act 2010 at any time.**

### **If owned by a Pharmacist Controlled Company or Companies:**

1. there has been NO changes to the Director(s) or Shareholder(s) in the last 12 months, or
2. I have lodged an Application for Registration of Premises as a Pharmacy form with the requisite accompanying documentation.

### **If owned by a Pharmacist Controlled Trust or Trusts:**

1. there has been NO changes to the Beneficiaries in the last 12 months, or
2. I have lodged an Application for Registration of Premises as a Pharmacy form with the requisite accompanying documentation.

**I declare that the above statements are true and correct [checkbox here].**

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## OTHER BUSINESS OR BUSINESSES

Pharmacy Act 2010 - Section 59 - Who may carry on a business that is not a pharmacy business at a registered pharmacy

### **Non-pharmacy business:**

There is no non-pharmacy business (if any) carried on at the registered premises other than that in accordance with Section 59.

**I declare that the above statement is true and correct [checkbox here].**

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## PHARMACY PRACTICE

The Board's [Guidelines for the Safe Storage of Medicines in Pharmacies](#):

1. I have read and understand the content of this document.
2. I understand my responsibility to ensure procedures, policies and/or protocols are in place to make sure the storage of all medicines complies with the Guidelines at all times.

**The Pharmacy Board of Australia (the PBA) [Guidelines for Proprietor Pharmacists](#)**

1. I have read and understand the content of this document, which focuses on the professional responsibilities of proprietary interest pharmacists that impact on the safe, effective delivery of services to the public.

**The PBA [Guidelines for Dispensing of Medicines](#)**

1. I have read and understand the content of Guideline 10.1 of this document, which details why and how pharmacists should use scanners as part of the dispensing process.

**The PBA [Code of Conduct](#)**

1. I have read and understand the content of Code 3.4 of this document, which provides guidance on good practice to protect the privacy of people requiring and receiving care.
2. I understand good practice includes providing appropriate surroundings to enable private and confidential consultations and discussions to take place.

**National Immunisation Program [National vaccine storage guidelines - Strive for 5](#)**

1. I have read and understand the content of this document, which provides information and advice for managing vaccine storage.
2. I understand my responsibility to ensure people requiring and receiving care receive effective health products, including vaccines that have not been adversely affected by heat or cold.

**The Western Australian Department of Health (WA DoH) Novel coronavirus (COVID-19) pandemic - [Guidance for community pharmacies](#)**

1. I have read and understand the content of this document, which provides advice and information to community pharmacies to enable them to operate safely and effectively and minimise disruption to services during the COVID-19 pandemic.
2. I have implemented procedures, policies and/or protocols developed to reduce the risk of infection to promote safe, effective delivery of services to the public.

**I declare that the above statements are true and correct *[checkbox here]*.**

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## PROFESSIONAL SERVICES

### Do services include the provision of dose administration aids?

If yes:

1. I have read and understand the content of Guideline 1.1 of the PBA [Guidelines on Dose Administration Aids and Staged Supply of Dispensed Medicines](#), which details the requirement for a clean, tidy and orderly packing space of sufficient size with good lighting that is not accessible to the public.

### Do services include the provision of complex compounding?

If yes:

1. I have read and understand the content of Guideline 8.1 of the PBA [Guidelines on Compounding of Medicines](#), which details expectations relating to facilities, working environments, equipment, and safety precautions.
2. I have read and understand the answers to the questions on the PBA [Frequently Asked Questions](#) for pharmacists on the compounding of medicines document.

### Do services include approval to dispense methadone and buprenorphine for the treatment of opioid dependence as part of CPOP?

If yes:

1. I have read and understand the content of Section 5 (3.1) of the latest edition of the [Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence](#), which details the dosing environment requirements.

### Do services include the administration of influenza vaccines by a pharmacist?

If yes:

1. I have read and understand the content of Appendix 2 to the Administration of Influenza Vaccines by Pharmacists [Structured Administration and Supply Arrangement](#) (SASA), which details the approved setting requirements.

### Do services include the administration of other vaccines (not including COVID-19) by a pharmacist?

If yes:

1. I have read and understand the content of Appendix 2 to the Administration of Vaccines by Pharmacists [SASA](#), which details the approved setting requirements.

**Do services include the administration of COVID-19 vaccines by a pharmacist or a nurse employee?**

If yes:

1. I have read and understand the content of Appendix 2 to the Administration of COVID-19 vaccines in pharmacies [SASA](#), which details the approved setting requirements.
2. the pharmacy meets the Australian Technical Advisory Group on Immunisation:
  - A. site requirements, as detailed in Attachment A of the Commonwealth Government document entitled Community pharmacy COVID-19 vaccine rollout from Phase 2A, and
  - B. the requirements of Appendix 2: Approved Setting in the same document.

**Do services include medical or nurse practitioner vaccination?**

If yes:

1. I have read and understand the content of the Pharmaceutical Society of Australia [Practice Guidelines for pharmacists providing immunisation services](#).

**Does the pharmacy participate in the Western Australian Department of Health Needle and Syringe Program?**

If yes:

1. only approved products (Fitpack®, Fitpack® Plus, Fitstick® Plus Pack 3, Fitstick® 5 Plus, Sterafit™ and/or Sterafit™ Plus) are supplied.

**I declare that the above statements are true and correct [*checkbox here*].**

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## SIGNAGE

The Board's Guidelines - Guideline 4.1.4 - Display of names

### Display of names:

1. I have read and understand the Board's [Guideline](#) on the display of names.
2. the name of the proprietor(s) is(are) displayed on a sign at all entries accessed by the public so as to be clearly visible.
3. the name of the pharmacist who is regularly and usually in charge of the pharmacy business and the name(s) of other pharmacist(s) on duty are visibly displayed in the professional services area or the place where medicines are usually collected by the public.

The Board's Guidelines – Guideline 4.1.6 – Unapproved pharmacy notice

### Is the Pharmacy approved to claim Australian Government subsidies for Pharmaceutical Benefits Scheme and Repatriation Benefits Scheme prescription medicines?

If no:

1. I have read and understand the Board's [Guideline](#) on the unapproved pharmacy notice.
2. The Unapproved Pharmacy Notice is displayed in accordance with this Guideline.

**I declare that the above statements are true and correct *[checkbox here]*.**

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## FINAL DECLARATION

I do solemnly and sincerely declare:

1. all responses provided in this application are current, true and correct to the best of my knowledge and belief.
2. on request, documentation to support some or all declarations in my application will be provided in a timely manner.

My declaration is made knowing that, under Section 64 of the Pharmacy Act 2010, it is an offence to –

- make a statement,  
or
- provide information,

to the Board or the Registrar in relation to the compliance, or purported compliance, with any requirement of the Pharmacy Act 2010 knowing that it is false or misleading –

- in a material particular,  
or
- in a material particular, with reckless disregard as to whether the information is false or misleading in a material particular.

<Responsible Pharmacist>

<Pharmacy Name>

***[checkbox here]***

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