

Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000

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Website: www.pharmacyboardwa.com.au

RESPONSIBLE PHARMACIST DECLARATION

Note, this document must be signed by:

- The pharmacist who has, or will have, overall responsibility for the pharmacy business.

Section 57 of the Pharmacy Act 2010 (WA), "Supervision of pharmacy business by pharmacist", states that the pharmacy business carried on at a pharmacy is carried on under the personal supervision of a pharmacist at all times.

As the Responsible Pharmacist, I hereby confirm I am aware of my responsibilities, as outlined below.

1. ensuring compliance with current statutory obligations and professional and ethical standards;
2. the general security of the premises, including control of the keys or other entry devices and intrusion alarm systems;
3. ensuring the correct supervision of students, provisional and limited registered pharmacists (including interns), dispensary assistants and other pharmacy staff;
4. ensuring that in their absence, another pharmacist assumes these responsibilities for the time being;
5. the maintenance at the premises of the required references and equipment;
6. maintenance of a record of all prescriptions dispensed at, or from, the pharmacy, ensuring such records are secured safely, are dealt with in a confidential manner and are retained for a period of 24 months or 60 months for Schedule 8 prescriptions; and
7. holding general registration as a pharmacist with the Pharmacy Board of Australia, with no Conditions that would impact on their ability to fulfil the responsibilities detailed here.

I declare that the above statements are true and correct

Signed (print name below)

Date

Witness Signature

Witness Name

Details of Pharmacy Business

Name of Pharmacy:

Address of the premises:

Please note, if the change of Responsible Pharmacist occurs *OUTSIDE* of an application to:

- Change the pharmacy ownership;
- Relocate a pharmacy business; or
- Establish a pharmacy business,

please complete the information below.

Details of person(s) appointing the Responsible Pharmacist

Important: Where the pharmacy business is owned by more than one proprietor, partner or proprietary interest pharmacist, this notification must be signed by at least two proprietors, partners or proprietary interest pharmacists.

The pharmacy business is owned by more than one proprietor, partner or proprietary interest pharmacist. ☐

Declaration

- I am a proprietor, partner or proprietary interest pharmacist of the pharmacy business;
- all proprietors, partners and proprietary interest pharmacists have been notified of the appointment of the Responsible Pharmacist named in this declaration; and
- to the best of my knowledge, no proprietor, partner or proprietary interest pharmacist objects to the appointment.

Appointing Person 1

Full Name: _____

Capacity (tick one):

- ☐ Proprietor
☐ Partner
☐ Proprietary Interest Pharmacist

Signature: _____

Date: _____

Appointing Person 2

(Required where the pharmacy business is owned by more than one proprietor, partner or proprietary interest pharmacist.)

Full Name: _____

Capacity (tick one):

- ☐ Proprietor
☐ Partner
☐ Proprietary Interest Pharmacist

Signature: _____

Date: _____

Pease provide the following details, as well as a certified copy of a Photo ID, eg Driver's Licence or Passport, for this person:

Pharmacist Name: _____

AHPRA Registration No: _____

Residential Address: _____

Email Address: _____

Mobile #: _____

Date of Commencement of Appointment: _____

Send to: PHARMACY REGISTRATION BOARD OF WESTERN AUSTRALIA applications_admin@pharmacyboardwa.com.au
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