

PE Version 2024.1	TASMANIAN PHARMACY AUTHORITY Email: registrar@pharmacyauthority.tas.gov.au Telephone: 0417 752 348 ABN 34 562 572 269
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Request for Exemption from Premises Registration Requirements

Pursuant to the *Pharmacy Control Act 2001*, s71J

The Authority may exempt any premises used for the purposes of a pharmacy business from the requirement to be registered as pharmacy business premises.

Exemptions Criteria

The Act makes provision for the Authority to prescribe criteria. The Authority has resolved that the following criteria be adopted for individual applications for exemption:

1. The application must cover a specific timeframe
2. There must be public benefit
3. The application must be consistent with the objectives of the Act
4. Each application would be considered on a case-by-case basis

You may also need to apply for an Eligibility Certificate if one is not already held.

Fee for this application is 35 fee units.

If you have any questions please phone the Registrar.

FALSE DECLARATION

A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (*Pharmacy Control Act 2001*, s68)

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.

1. The Pharmacy

1.1 Owner(s) Please list the name and email address of each owner of this business ie the holder(s) of the Eligibility Certificate (these may be individuals or body corporates). If more space is required, please append additional pages.

Name	Email

1.2 Premises if applicable

Pharmacy Name				
Address				
Phone	Fax			
Email				
TPA identifier				
P	Y			

1.3 Contact Details – for all correspondence in relation to this application; this must be an owner or pharmacist-in-charge

Name
Phone
Email

2. Application Details

2.1 Timeframe

Please detail the timeframe for which the exemption is required.

Start date ____/____/____

End date ____/____/____

2.2 Purpose

Please describe why this exemption is being sought

2.2 Public Benefit

Please describe how this proposal benefits the public

2.3 Setting and Security

Please describe the setting and the security measures that will be in place

3. Declaration

I, _____ Ahpra Number _____

Clearly PRINT the name of the Registered Pharmacist making this declaration

Of _____

Address

Position _____

Either an Owner of this pharmacy, or the Pharmacist appointed by the Owner(s) to be regularly and usually in charge

Declare that, to the best of my knowledge and understanding:

- a) the information provided in this application is true and correct
- b) all activities undertaken in the pharmacy business premises will comply with all Legislation, Standards and Guidelines as issued from time to time
- c) I understand the premises will be inspected from time to time to ensure compliance with this declaration

Signed _____ Date _____