



Australian Government

Department of Health  
and Aged Care

# Application for a medical practitioner to supply pharmaceutical benefits

## Purpose of this form

Complete this form to apply to the Australian Government Department of Health and Aged Care (department) for approval as a registered medical practitioner to supply pharmaceutical benefits under section 92 of the *National Health Act 1953* (Act) in a particular rural/remote area, where the community does not have convenient and efficient access to these medicines from a PBS approved pharmacy.

## Important information

Only one full-time or equivalent part-time medical practitioner can have section 92 approval for a practice.

The medical practitioner must:

- be practising medicine, or intending to practise medicine, in the area for which approval is being sought;
- hold a current registration with the Medical Board of Australia; and
- be willing to supply PBS medicines to any person in that area who presents with a valid PBS prescription.

In assessing your application, the department may contact surrounding pharmacies and the local council for comment.

It is important to note that where an approval is granted to a medical practitioner, it will remain in effect until the nominated end date on the approval, or until an approved pharmacy opens in the particular area. In this event the section 92 approval will be cancelled as required under section 98 of the Act.

## For more information

Go to [www.health.gov.au/pbsapprovesuppliers](http://www.health.gov.au/pbsapprovesuppliers).

For assistance completing this form, email [pbsapprovesuppliers@health.gov.au](mailto:pbsapprovesuppliers@health.gov.au) and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

## Returning your form

Check that all required questions are answered and the form is signed and dated.

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal (Portal)  
**PBSApprovedSuppliers.health.gov.au**.

Further information on how to lodge your form is available at [www.health.gov.au/pbsapprovesuppliers](http://www.health.gov.au/pbsapprovesuppliers) under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

## Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is being collected in this form by the department for the purposes of assessing your application for approval, under section 92 of the Act, to supply pharmaceutical benefits in a particular area.

If you do not provide this information, the department will not be able to assess your application.

You can get more information about the way in which the department will manage personal information, including our privacy policy, at [www.health.gov.au/pbsapprovesuppliers/forms-privacy](http://www.health.gov.au/pbsapprovesuppliers/forms-privacy).

- 1** Has the medical practitioner contacted the Medical Board of Australia and met any stipulated requirements?

No ☐ **Your application cannot be assessed**  
Yes ☐

## Applicant's details

- 2** Dr ☐ Mr ☐ Ms ☐ Other   
Family name

First given name

- 3** Practice address

Postcode

- 4** Postal address (if different to above)

Postcode

- 5** Daytime phone number

Mobile phone number

Email

**6** Specify the total number of practice hours for each day

Sunday	<input type="text"/>
Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>

**7** Registration number

M	E	D																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State or territory

Date of registration

## Key dates

**8** Anticipated start date

**9** Anticipated end date (where the approval will be used for a nominated period)

## Reason for application

**10** Is there currently convenient access to PBS in this area?

No ☐ Specify the proposed area for supply and attach a map

**Go to 14**

Yes ☐ **Go to 11**

**11** Are you replacing a medical practitioner with a section 92 approval?

No ☐ **Go to 12**

Yes ☐ Provide medical practitioner name and section 92 approval number

**Go to 16**

**12** Are you providing temporary locum services for a medical practitioner with a section 92 approval?

No ☐ **Go to 13**

Yes ☐ Provide medical practitioner name and section 92 approval number

**Go to 16**

**13** Provide reasons for completing this application


## Current community access to PBS

**14** How far is the nearest PBS approved pharmacy from your medical practice?

 km

**15** How do patients currently obtain PBS medicines?

Include any relevant information about transport services and/or delivery services.


## Declaration

**16** I declare that:

- I am a medical practitioner registered as such under the law of the state/territory.
- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

Applicant's signature


---

Date