



Australian Government

Department of Health,
Disability and Ageing

Authorise person(s) to enquire and/or sign claim forms on behalf of approved pharmacist(s)

Purpose of this form

If you are a pharmacist, or director of a company or friendly society, approved under section 90 of the *National Health Act 1953* (Act) to supply Pharmaceutical Benefits Scheme (PBS) medicines at particular premises, complete this form to provide details to the Australian Government Department of Health, Disability and Ageing (department):

- of all persons working at the approved pharmacy who are authorised to:
 - enquire on behalf of the approved pharmacist(s), and/or
 - sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on behalf of the approved pharmacist(s); and
- remove any previously authorised person who is not named in this form, with the exception of the approved pharmacist(s) and/or director(s) of a company or friendly society as named at question 1.

Important information

This new authority will replace any previous authority you may have submitted. Anyone not named at question 3 of this form as an authorised person will be removed from our record for the PBS approval number nominated at question 2. Therefore, it is important you include details of all current authorised persons, even if you have provided these details before.

Any requests or changes relating to the approved pharmacy record will only be accepted from the approved pharmacist(s) and/or director(s) of an approved company or friendly society in respect of the pharmacy premises nominated at question 2.

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.

For assistance completing this form, email details of your enquiry to pbsapprovedsuppliers@health.gov.au 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 must be lodged via the PBS Approved Suppliers Portal (Portal) PBSApprovedSuppliers.health.gov.au by a registered and signed in Portal user.

Further information on how to lodge your form is available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms will not be processed.

Privacy and your personal information

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

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Personal information is being collected in this form by the department for the purposes of processing your authority for person(s) to enquire and/or sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on your behalf.

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

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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal.

Approved pharmacist(s) details

- 1 Details must be provided for all approved pharmacist(s) (i.e. pharmacists and/or company directors and/or friendly society approved representatives).

Approved pharmacist / director 1

Dr Mr Ms Other

Family name

First given name

Approved pharmacist / director 2

Dr Mr Ms Other

Family name

First given name

Approved pharmacist / director 3

Dr Mr Ms Other

Family name

First given name

Approved pharmacist / director 4

Dr Mr Ms Other

Family name

First given name



If there are more than 4 approved pharmacists and/or directors, attach a separate sheet with details.

Contact person's details

This is the person authorised to discuss the details on this form.

4 Dr Mr Ms Other

Family name

First given name

Organisation

Position

Daytime phone number

Mobile phone number

Email

Declaration

This declaration must be signed by one of the pharmacists or directors of the company or friendly society named at question 1 of this form.

5 On behalf of the pharmacist(s) and/or directors of the company or friendly society named at question 1 of this form:

I declare that:

- the information provided in this form is complete and correct.
- the dispensing of drugs and medicinal preparations will be performed under the direct supervision of a pharmacist at the premises specified at question 2 of this form, in accordance with Part VII of the Act and the regulation made under the Act.

I authorise:

- the person(s) whose signature(s) appear at question 3 of this form to:
 - enquire on my/our behalf, and/or
 - sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on my/our behalf*.
- the removal of any person previously recorded as a permitted person, who is not named at question 3 of this form.

I understand that:

- * only pharmacists are permitted to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions.
- only those person(s) named at question 3 of this form will be recorded as being authorised to act as outlined above.
- this authority does not remove the approved pharmacist(s) and/or directors of the approved company or friendly society, as named at question 1 of this form, as authorised persons for the pharmacy approval record.
- giving false or misleading information is a serious offence.

Name

Signature

Date