

RELOCATION OR EXPANSION/REDUCTION OF PROFESSIONAL SERVICES ROOM

Application fee: \$550.00

INSTRUCTIONS

When do I use this form? This form is to be lodged with the Pharmacy Council of NSW (the Council) when an existing Professional Service Room is relocated to another site, resulting in a new address, or an existing Professional Service Room is to undergo renovations that will substantially increase or decrease the size of the Professional Service Room.

Professional Service Rooms are premises associated with but separate to an approved pharmacy and are limited to preparation and packaging. [see Guide Note 13 'Professional Services Room Requirements']

When do I need to lodge my application? This application must be lodged with the Council at least 14 days before the intended change. Fines apply for failure to notify the Council within the required timeframe.

What does the application fee include? The application fee is \$550. There is no additional fee for inspection of the premises.

Where can I get help in completing my application? This application should be completed with reference to 'The Guide,' the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation'). 'The Guide' is available on the Council's website under the 'Resources' tab at <https://www.pharmacycouncil.nsw.gov.au/>. The services of a lawyer, accountant or pharmacy broker may also assist.

How long will it take to approve my application? Only complete and compliant applications will be considered for approval. Please see section 7 'Consideration of application, approval and inspection by Council' for timeframes. Final approval of the premises is subject to a satisfactory inspection.

EXISTING DETAILS AS ON THE NSW REGISTER OF PHARMACIES

Associated Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Current Professional Services Room Address _____

Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. PROFESSIONAL SERVICES ROOM DETAILS TO BE REGISTERED

Will the change to the Professional Services Room involve refinancing?

Yes

No (Go to 4)

3.1 Details of Finance: Borrowed Funds / Personal Contributions

[see Guide Note 9 'Financial Arrangements']

➤ *Document required: Any Loan/Finance Agreement/documentation must be attached.*

Pharmacist 1:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Pharmacist 2:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Pharmacist 3:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Pharmacist 4:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Pharmacist 5:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Pharmacist 6:

Personal Contribution* \$ _____

Borrowed Funds* \$ _____

Name of Finance Lender (if applicable) _____

Total Finance \$ _____

**Document required: If you are contributing to the cost of finance through your own funds, gifted funds, or borrowed funds where there is no formal loan agreement document, you must attach a statutory declaration outlining the arrangements (see Annexure A).*

See Guide Note 9 'Financial Arrangements' for more information about completing the statutory declaration including who may act as witness to a statutory declaration in NSW.

4. PREMISES PLAN REQUIREMENTS

[See Guide Note 11 - 'Premises Plan information']

4.1 Floor plan requirements

➤ *Document required: A Floor Plan complying with the following requirements must be attached*

- a) the entire premises of the Professional Services Room with the perimeter highlighted to distinguish the premises from any other areas shown on the plan;
- b) the total area of the Professional Services Room expressed in square metres.
- c) the entry/exits clearly marked;
- d) the dispensary with the perimeter of the dispensary marked to distinguish the dispensary from other areas of the Professional Services Room;
- e) the total area of the dispensary expressed in square metres;

f) Please complete the following:

Dispensary Floor area [square metres] Minimum 8 square metres
Dispensary Bench area [square metres] Minimum 1 square metre

Note: The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access

- g) the layout of the dispensary including:
 - location of dispensing benches;
 - location of benches for general compounding of medicines;
 - location of hot and cold water sink with drainer;
 - location of vaccine refrigerators(s);
 - location of dispensing stations (dispensing computers);
 - location of shelving in the dispensary - including 'rhombic', 'carousel' units and automated robotic delivery machines;
- h) the location of the area or areas for the storage for sale of any Pharmacist Only Medicines (S3 medicines). Note: This area may be in the dispensary;
- i) the location of any laboratory area for complex compounding or preparation of sterile/cytotoxic products, including the location of specific equipment such as sink and powder containment cabinet;
- j) the location of other general areas
(*eg office, staffroom, storeroom, toilets*).

4.2 Locational plan requirements

➤ *Document required: A Locational Plan, showing the premises in relation to the surrounding area, and complying with the following requirements, must be attached.*

- a) The Locational Plan should include any adjacent buildings, roadways with name of roadway marked, footpaths, walkways and car parks. If located within a shopping centre, a layout plan of the shopping centre with premises highlighted should be provided;
- b) The entrance/exits to be clearly marked.

5. PROFESSIONAL SERVICES ROOM REQUIREMENTS

See Guide Note 12 - 'Professional Services Room Requirements']

The following checklists must be completed.

5.1 Check list of equipment

Dispensary Barcode scanner for each dispensing station

5.2 Latest edition of the following publications:

Health Practitioner Regulation National Law (NSW)

Health Practitioner Regulation (New South Wales) Regulation 2010

Poisons and Therapeutic Goods Act 1966 and Regulation

Latest editions and all published amendments or supplements to those editions of the publications listed in the *Pharmacy Board of Australia's guidelines on practice specific issues – Guideline 1 (List of reference texts for pharmacists)* as amended from time to time

Price Information Code of Practice.

Alternatively it is acceptable for electronic versions of the above publications to be accessible from the Professional Services Room.

5.3 The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access.

Please complete the following:

Dispensary Floor area square metres] Minimum 8 square metres

Dispensary Bench area square metres] Minimum 1 square metre

6. DOCUMENTS REQUIRED

The Law permits the Council to require production of any document considered necessary to assess this application. All relevant documents including any loan /finance agreement or mortgage over the premises, where applicable, must be lodged with this application.

The Council will require the following duly executed documents to support the application at least 14 days before the Professional Services Room recommences operation:

1. Finance arrangements – eg. loan offer (loan facility agreement), vendor finance, business security agreement
2. Lease/sub-lease (unless this is a new lease in which case it must be signed by the tenant)
3. Consent to lease/transfer of lease form (executed by the transferor and transferee)

DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging this application.

Incomplete applications, that is, applications with incomplete documentation, or unsigned documentation when signed and executed documentation is required, will not be approved.

Document description	Document Attached	Not Applicable
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services Room Floor Plan	<input type="checkbox"/>	

Professional Services Room Locational Plan	<input type="checkbox"/>	
Any other agreement, arrangement information or details required to be attached to /included with this form	<input type="checkbox"/>	<input type="checkbox"/>

7. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

[See Guide Note 21- 'Inspections by the Council']

7.1 Approval and registration of the premises is subject to approval of this application by Council followed by a satisfactory inspection of the premises (see also 6.2 below).

Timeframe for consideration of applications:

Within 2 business days of receipt of your application we will contact you to confirm receipt. Within 10 business days of receipt of your application we will send correspondence either confirming approval (for complete and compliant applications), or notifying you of any outstanding documentation or issues requiring rectification.

What do I do if my application has been refused?

Applications will be considered for refusal if required documentation remains inadequate or outstanding one month after lodgement of the application.

If your application is refused, you may submit a new application or lodge an appeal against the decision in the NSW Civil and Administrative Tribunal (NCAT). See rights of appeal at Guide Note 22 - 'Timetable for registrations and appeals'

7.2 Inspection of the premises

Approval of premises by the Council is subject to a satisfactory inspection of the premises. The date of registration of the Professional Services Room is deemed to be the date of satisfactory inspection.

If the premises are not ready for inspection by the agreed date, you must notify the Council Inspector giving a **minimum of 48 hours notice** of the postponement of the inspection.

7.2.1 On approximately what date can the Professional Services Room be inspected?

_____ (Please insert date(s))

7.2.2 Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

8. DECLARATION BY PHARMACIST OWNERS / FINANCIAL INTEREST HOLDERS

The following signatures are a declaration by the pharmacist(s) who hold a financial interest in the pharmacy business that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Signatures must be witnessed.

If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.

Pharmacist 1:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Pharmacist 2:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Pharmacist 3:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Pharmacist 4:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Pharmacist 5:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Pharmacist 6:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature _____ Date _____

Application for Relocation or Expansion/Reduction of Professional Services Room Payment

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the application fee is exempt from the Goods and Services Tax (GST).

Application Fee: \$550.00

Name on the card _____

Cardholder's signature _____

Visa MasterCard We accept Visa or MasterCard only.

Card Number

Expiry date ____ / ____

Amount \$550.00

Date _____

Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

I, of
[name of declarant] [residence]

do hereby solemnly declare and affirm that

.....
.....
.....
.....
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.....
.....
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.....

[the facts to be stated according to the declarant’s knowledge, belief, or information, severally]

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, a ,
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: [* please cross out any text that does not apply]

- 1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2. *I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]