

<h1>ECI</h1> <p>Version 2024.1</p>	<h2>TASMANIAN PHARMACY AUTHORITY</h2> <p>Email: registrar@pharmacyauthority.tas.gov.au</p> <p>Telephone: 0417 752 348</p> <p>ABN 34 562 572 269</p>
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<h3>Application for Issue of an Eligibility Certificate</h3> <h4>Individual or Individual as Trustee</h4> <p>Pursuant to the <i>Pharmacy Control Act 2001</i>, s61B</p>

This form is the initial application form for an individual (or an individual as a trustee) for an Eligibility Certificate to hold an interest in a pharmacy business.

Note: If the application is as trustee for a trust, the trust must be approved by the Authority as complying with the Pharmacy Control Act. If such approval has not yet been obtained, please submit form AAT - Application for Approval of a Trust.

Fee for this application is:

No trust: 70 fee units

As trustee: 620 units

If you have any questions, please phone the Registrar.

Incomplete forms will be returned.

<p>FALSE DECLARATION</p> <p>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 (<i>Pharmacy Control Act 2001</i>, s68)</p>
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<p>PERSONAL INFORMATION PROTECTION STATEMENT</p> <p>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 <i>Personal Information Protection Act 2004</i>. You may access your personal information on written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.</p>
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Applicant details

Full name
As Trustee for (if applicable) Insert trust name
Ahpra registration number
Address
Phone
Email

DECLARATION:

I, _____
(Name)

of _____
(Address of Applicant)

declare that:

- a. the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application;
- b. I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy Profession;
- c. in the event that this application relates to an individual as trustee for a Trust, I have also lodged an application for approval of a trust (Form AAT), and confirm that each beneficiary of the trust is the pharmacist or a close relative of the pharmacist; and
- d. neither I nor any of the beneficiaries (if this application relates to a trust) have an interest in more than four pharmacy businesses in Tasmania.

Signed: _____

Date: _____