

DECEMBER 2020

Email to: registrar@pharmacyauthority.tas.gov.au

DECLARATION OF COMPLETION of NEW PHARMACY PREMISES AND INTENTION TO COMMENCE TRADING ADVICE

PHARMACY NAME: _____

PHARMACY STREET ADDRESS: _____

_____ POST CODE _____

PHARMACY PHONE NUMBER _____

PHARMACY EMAIL _____

TRADING IS DUE TO COMMENCE ON _____ / _____ / 20_____

DECLARATION:

I, _____ AHPRA No: _____
Clearly PRINT the name of the Registered Pharmacist making this declaration

POSITION _____
EITHER an owner of this pharmacy, OR the Pharmacist appointed by the owner(s) to be regularly and usually in charge

declare that:

- the new pharmacy business premises detailed above have been completed in accordance with the plans, specifications and details provided to, and approved in-principle by, the Tasmanian Pharmacy Authority; *and*
- the monitored security system, narcotics safe, equipment, up-to-date reference material and resources are all in place; *and*
- I believe that the premises comply with the *Pharmacy Control Act 2001* and are ready for inspection; *and*
- in the event that this is a relocated pharmacy**, the previous pharmacy premises known as:

(Pharmacy Name)

at _____
(Street Address)

- I am authorised to make this declaration.

I make this solemn declaration under the *Oaths Act 2001*

Declared at: _____ On: _____
Place Date

Signature

Before me: _____
Signature of Justice, Commissioner for Declarations or authorised person

Advice to applicant: When the Authority receives this form, an inspection will be arranged with you to inspect the pharmacy premises. All matters identified during the inspection about which the Authority contacts you must be addressed in the timeframe specified by the Authority.