

Application for a medical practitioner to supply pharmaceutical benefits

Purpose of this form

Complete this form if you are a medical practitioner requesting approval under section 92 of the *National Health Act 1953* to supply Pharmaceutical Benefits Scheme (PBS) subsidised medicines 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 relevant state or territory medical board, **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 Australian Government Department of Human Services may contact surrounding pharmacies for comment and also your local council.

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 *National Health Act 1953*.

For more information

For more information, go to humanservices.gov.au/healthprofessionals/services or if you need assistance completing this form call **132 290** Monday to Friday, between 8.30 am and 5.00 pm, local time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

Department of Human Services
Pharmacy Approvals
GPO Box 9826
in your capital city

or

Scan and email to: nsw.pbs.approval.clerk@humanservices.gov.au

- 1 Has the medical practitioner contacted the relevant state/territory pharmacy board/council and met any stipulated requirements?

No **Your application cannot be assessed**
Yes

Applicant's details

- 2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 3 Practice address

Postcode

- 4 Postal address (if different to above)

Postcode

- 5 Business phone number

Mobile phone number

Fax 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 Medical registration certificate number

<input type="text"/>	
State/territory	Registration date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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 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.

Privacy notice

16 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

17 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:

- providing false or misleading information is an offence under Division 136 of the *Criminal Code Act 1995*.
- it is an offence under the *National Health Act 1953* to make a false statement in relation to an application.

Applicant's signature

Date

 / /

You must lodge your PBS claims online.

See **Online Claiming for Pharmaceutical Benefits Scheme Application and Terms and Conditions** form (PB010).

For more information, go to

humanservices.gov.au/healthprofessionals/services