



APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST *Health Practitioners Act 2004*

PERSONAL DETAILS

Surname: _____
 Dr Mr Mrs Miss Ms (please tick as appropriate)

Given Names: _____

Former Names or Aliases: (if applicable) _____

Date of Birth: ____ / ____ / ____ Country of Birth: _____

Gender: Male Female (please tick as appropriate)

Postal Address: _____

Business Address: _____

Telephone No: (bh) _____ Mobile: _____
(ah) _____ Email: _____

Fax No: _____

SUPPORTING DOCUMENTS & OTHER REQUIREMENTS FOR REGISTRATION

The following documentation **MUST** be provided with this application. Photocopies will only be accepted if they have been certified to be a true copy by: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, Non-Commissioned Officer or Warrant Officer; or original sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

1. **Originals or “certified true copies” of**
 - a. For graduates of an Australian or New Zealand School of Pharmacy – copy of university qualification or a copy of course transcript ;
 - b. All other overseas-educated pharmacists –evidence of undertaking a bridging program under the Australian Pharmacy Examining Council (APEC)
 - c. Documents which meet the Board’s identification validation requirements;
 - d. Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll (if applicable));
 - e. For graduates of Schools of Pharmacy other than Australia and New Zealand - evidence of English language competence as required by APEC;
 - f. A written character reference dated within the last 6 months; and
2. A non-refundable application fee of \$20 and a registration fee of \$15 in Australian dollars. Total fees payable \$35.

STATUTORY DECLARATION

Note: In order to apply for intern-registration as a pharmacist you need to complete this declaration.

I do solemnly and sincerely declare that,

1. I have graduated from an accredited Bachelor of Pharmacy course in the Northern Territory or any other state or Territory True False
2. I will practise as an intern pharmacist in accordance with the Pharmaceutical Society of Australia Code of Ethics True False
3. I do not suffer from any mental or physical disability such as to prevent me practising as an intern-pharmacist efficiently True False
4. I have confirmed with my employer that I will be covered under a professional indemnity insurance in the Northern Territory True False
5. I will participate in continuing professional development activities True False
6. I have never had my name suspended or removed from any Register or been refused registration for any reason relating to my professional conduct True False
7. I have never been prohibited from or had any special conditions imposed in any State/Territory/Country as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country True False
8. I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending True False
9. I am not currently practising in the Northern Territory True False

If "False" to any of the above, please provide full details on an attached signed sheet.

And I make this solemn declaration by virtue of the Oaths Act (Northern Territory) and conscientiously believing the statements contained in this declaration to be true in every particular.

And I hereby authorise the Pharmacy Board of the Northern Territory, or its delegates, to make enquires of, and exchange information with, any Pharmacy Registering Authority or any organisation or person concerning my registration, practise of pharmacy or other related matters.

Signature of person making declaration

Declared at: _____ on the _____ day of _____ 200_____ before me,

Signature of person witnessing declaration* _____

Name of witness (printed) _____

Title of witness (printed) _____

Address or telephone number of witness _____



DOCUMENTS AND OTHER REQUIREMENTS FOR INTERN-PHARMACY REGISTRATION

The following documents **MUST** be provided with this application form. Copies of documents will only be accepted if they have been **certified to be a true copy** by one of the following: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, NCO or Warrant Officer. Alternatively, the originals can be sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

Please note your application is not considered complete until such time as all required documentation has been received from you, your proposed employer and the Certificate(s) have been received from all relevant regulatory authorities.

You are advised to refer to the Explanatory Notes on page 5 of the application form to assist in providing the requirements as follows:

- Evidence of Name Change eg. Marriage Certificate, Divorce Decree or Deed Poll (*if applicable*).
- A written personal Character Reference dated within the last six months.
- Evidence of meeting English Language Proficiency requirements.
- Undergraduate or Postgraduate qualifications
- Evidence from the Applicant's intending employer confirming an employment offer.
- Application and Registration Fee
- Proof of Identity totalling 100 points
- Evidence of registration into a intern pharmacist training program (applicable only if you are completing the program in another state or territory other than the Northern Territory)

TO ASSIST IN THE TIMELY PROCESSING OF YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE ATTACHED THE ABOVE LISTED CERTIFIED DOCUMENTS TO YOUR COMPLETED APPLICATION FORM.

EXPLANATORY NOTES

- The Pharmacy Board has endorsed the Pharmaceutical Society of Australia Competency Standards for Pharmacists in Australia 2006 (version 3). Copies of the Competency Standards can be obtained from the PSA by telephoning 02 6283 4777 or the standards may be viewed on line at www.psa.org.au.
- If you are unable to answer any of these questions, you are asked to contact the Pharmacy Board for further assistance/advice.
- Only the applicant is able to sign this declaration.
- *In the Northern Territory the declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.
- Practising unregistered and or unlicensed in the Northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.
- The Pharmacy Board of the Northern Territory may, from time to time, allow organisations to access names and business addresses of pharmacist-inters registered in the Northern Territory if the organisation can demonstrate and satisfy the Board that the use of the data will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.
- A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.
- Any documents provided with this application that are not in English, must be accompanied by a translated document.
- Continuing professional development activities are those activities undertaken by a professional that enables the professional to maintain the safety, quality and relevance of their professional practise. Examples of continuing professional development activities include, but are not limited to attending formal seminars and workshops, discussions with other intern-pharmacists or other professional colleagues, reading professional publications, systematic research on the Internet, lecturing, distance learning courses and reflecting on critical learning experiences.
- The Character Reference must be written within the previous 6 months, by a person who has attained the age of 18 years who is not related to you by birth, marriage or adoption. It should have the contact details of the referee and the length of time the referee has known you. The reference should refer to the applicants honesty, integrity, moral strength, standing in the community any other information that reflects on your character.

IDENTIFICATION VALIDATION REQUIREMENTS

All applicants must provide 100 points of identification with their application for registration as a pharmacist in the Northern Territory. All documents must be an original or certified as a true copy of the original by a Board approved certifier.

All applicants must provide at least one document that includes a photograph.

No exemptions to the Identification Validation requirements will be accepted.

Category A document (70 points) Must provide only one from this category

- Front page of a current Australian passport; or
- Front page of any other passport with copy of current visa; or
- Birth Certificate/Birth Card (extract acceptable); or
- Citizenship certificate.

Category B documents (40 points)

- License or permit issued under a law of Australia.
- Identification card issued to a public service employee.
- Identification card issued by a government department as evidence of a person's entitlement to a financial benefit.
- Student card issued by an Australian tertiary education institution.
- International English Language Testing System Test Report Form (IELTS-TRF) (with photograph only).

Category C documents (25 points)

- International Drivers Licence.
- Medicare card.
- Public utilities account (electricity bill, telephone bill).
- Rates notice.
- Credit card (maximum of two only), cash card or passbook issued by a financial institution.
- Certificate of Good Standing/Verification of Registration Status. The document must be from the immediate previous regulatory authority. The document must be received directly from that regulatory authority, not from the applicant.
- Evidence of current pharmacist registration with an overseas pharmacy regulatory authority.