



Victorian Pharmacy Authority

ABN 77 875 845 822
 Level 2, 15-31 Pelham St
 Carlton Vic 3053

Tel: 03 9653 1700 Fax: 03 9653 1750 Email: enquiries@pharmacy.vic.gov.au

Form VP36

**NOTIFICATION OF COMPLETION OF NEW PHARMACY /
 PHARMACY DEPARTMENT PREMISES and
 PAYMENT OF REGISTRATION FEE**

Complete and lodge this form to obtain Conditional Registration of your new pharmacy premises.

You must have Conditional Registration **BEFORE** you stock the new premises with scheduled medicines and **BEFORE** you open the pharmacy for business.

The Authority will use your form as the basis of its decision to grant or refuse Conditional Registration.

It is an offence under the Pharmacy Regulation Act 2010 to obtain registration of premises by fraud or false representation, or false declaration.

Business name and address of premises:

.....

P/code.....

Telephone number..... **Fax number**

Email:

The above mentioned premises were completed according to the plans, specifications and information contained in the application on:

Please answer all of the following questions by writing "Yes" or "No" in the boxes provided.

YES/NO

1.	Have the floor, ceiling, walls, windows, and doors been completely constructed and secured?	
2.	Has electricity been connected?	
3.	Has water been connected?	
4.	Has a dispensary sink been installed, connected to the sewer and supplied with hot and cold running water?	
5.	Has the telephone been connected?	
6.	Has an alarm been installed?	
7.	Is the alarm operational and monitored by a control room on a 24 hour basis?	

YES/NO

8.	Has a S8 cabinet been installed and fixed in accordance with the requirements of the Drugs, Poisons and Controlled Substances Regulations?	
9.	Has a vaccine or drug refrigerator been installed?	
10.	Are the premises air conditioned to maintain the correct storage temperature for medicines held in stock?	
11.	Are the premises equipped with a reference library which includes the LATEST EDITION of the mandatory reference texts listed in the Pharmacy Board of Australia Guidelines. http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx	
12.	Are the premises equipped with a range of stamped conical measures for the preparation of extemporaneous medicines?	
13.	Are the premises equipped with a mortar and pestle, an ointment slab and spatulas or other suitable blending equipment for the preparation of extemporaneous medicines?	
14.	Are the premises equipped with Class 1 or Class 2 approved scales?	

Questions 15 to 18 to be answered if the pharmacy will undertake specialised compounding (i.e. a compounding pharmacy).

15.	Is there a dedicated area (a laboratory) for compounding that is separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more lockable doors?	
16.	Does the laboratory floor have an impervious covering?	
17.	Is the laboratory fitted with a sink and drainer?	
18.	Will the laboratory be equipped with a powder containment cabinet with a pre-filter, HEPA filtered exhaust air, and a visual air-velocity gauge?	

Please note registration may not be granted unless you have answered YES to questions 1 to 14 inclusive, AND if a compounding pharmacy questions 15 to 18.

When do you propose to open these premises for business?

STATUTORY DECLARATION

Licensee or Pharmacist appointed to be regularly and usually in charge

I,

..... Position

Do solemnly and sincerely declare:

that I have personally verified that the answers to questions 1 to 18 are true and correct and are in no way false, inaccurate or misleading, and I have not omitted any relevant information.

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the declaration



Declared at

.....

On this day of 20

Before me,

.....

Signature of person before whom the declaration is made.



On this day of 20

Print name, qualification and address of person before whom the declaration is made.

Name

.....

Address:

..... Postcode

ANNUAL REGISTRATION FEE PAYMENT

Enclosed is payment of the pro-rata annual registration in accordance with the fee schedule below.

Fee Schedule – for the period 1 May 2019 to 30 April 2020

Notification date	Pro-rata registration fee
1 July to 30 September	\$285.00 (full fee)
1 October to 31 December	\$213.75
1 January to 30 March	\$142.50
1 April to 30 June	\$71.25

Payment method (*Please tick*)

CHEQUE Payable to **Victorian Pharmacy Authority**

MONEY ORDER CREDIT CARD (CC)

VISA or MASTERCARD ONLY

(Please circle)

Name on credit card

.....

Credit Card Number:

Expiry Date: /

CVV

.....

SIGNATURE OF CREDIT CARD HOLDER