

Audit checklist

Profession: Pharmacy



This audit relates to the declarations you made in your recent application for renewal of your registration. For recency of practice, professional indemnity insurance and a criminal history check, the audit period is considered to be from **1 December 2011 to 30 November 2012**. For continuing professional development, the audit period is **1 October 2011 to 30 September 2012**.

About this checklist

This checklist is provided as a guide and should be read in conjunction with the registration standards and guidelines published by the Pharmacy Board of Australia (the Board) on www.pharmacyboard.gov.au and the information on the audit process published on the Australian Health Practitioner Regulation Agency (AHPRA) website at www.ahpra.gov.au/registration/audit.aspx. Upon completion, please sign and date the checklist and mail it to AHPRA GPO Box 9958 SYDNEY or email it to audit@ahpra.gov.au with the documents that provide evidence to demonstrate your compliance with the standards.

You should keep a copy of this checklist and your supporting documents. **Original documents must not be sent.**

You may send this checklist with the relevant documents in two ways:

1. By mail

AHPRA
GPO Box 9958
Sydney NSW 2001

2. By email

audit@ahpra.gov.au

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information related to this audit.



Attach document(s) to this form

Please attach all the required documents to complete the audit.



Signature required

Ensure you read the declaration and sign and date the signature section.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

SECTION A: Practitioner's details

1. What are your personal details?



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of that change.

For more information, see *Change of name* in the *Information and definitions* section of this form.

Full name

Previous names known by (e.g. maiden name)

Country of birth

City/Suburb/Town of birth

Date of birth

 / /

Contact phone

Email

Registration number

 P H A

State of principal place of practice

- VIC NSW QLD SA
 WA NT TAS ACT

8. What type of professional indemnity cover do you have?

 All pharmacists who undertake any form of practice (as defined by the standard) must have professional indemnity insurance (PII) that complies with the Board's standard for all aspects of their practice.

For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

Choose appropriate option

- Private  If you are in private practice and have your own PII, please attach a certificate of currency (covering the last registration period) of insurance cover that meets the Board's standard.
- Covered by employer  If you are employed, please attach evidence (letter of coverage or certificate of currency provided by your employer) of insurance cover that meets the Board's standard.
- Both  If you also practice outside the PII cover provided by your employer, please attach evidence of both your employers' insurance and other insurance which covers you in these circumstances.

SECTION E: Declaration

 **Before you sign and date this form**, make sure that you have answered all of the questions and have attached your supporting documentation.

If you are unable to meet the requirements of the continuing professional development, recency of practice or professional indemnity insurance registration standards, you must still provide what evidence you have available and an explanation as to why you have not met the standards of registration. Original documents must not be sent.

I confirm that all the information I have provided in this form and supporting documents is true and correct to the best of my knowledge.

Name of practitioner <input type="text"/>	Signature of practitioner  SIGN HERE
Date DD / MM / YYYY	

Information and definitions

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll
- Change of name certificate

Faxed, scanned or emailed copies of certified documents will not be accepted.

CURRICULUM VITAE

Your curriculum vitae must:

- at a minimum, cover the past three years
- indicate whether positions were undertaken full-time or part-time and specify the nature of the practice (e.g. management, administration, academic, etc)
- include any periods of non-practice, and
- be in chronological order

You can download a curriculum vitae template suitable for this audit from www.ahpra.gov.au/registration/audit.aspx

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

Registered pharmacists, including provisionally registered pharmacists, are required to maintain the approved level of individual PII cover while practising and in accordance with the terms and conditions set under this standard.

PII arrangements means arrangements that secure for the practitioner insurance against civil liability occurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries, and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities that occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

SUPPORTING DOCUMENTATION

All supporting documentation **must** be:

- be certified in accordance with AHPRA guidelines, and
- be in English.

If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines.

DO NOT send original documents.