

# THE PHARMACY BOARD OF TASMANIA

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Registrar

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PB:REG:AUST:APP-MREC FORM

## APPLICATION FOR REGISTRATION UNDER MUTUAL RECOGNITION

*Notice under Section 19 of the Mutual Recognition Act 1992*

### Statutory Declaration

I, .....  
*Title*                      *Given Name(s)*                      *Family Name*

of .....  
*Address*                      *Postcode*

.....  
*Contact Telephone No.*                      *Date of Birth*                      *Place of Birth*                      **Male / Female**  
*Gender*

.....  
*Email*

hereby apply for registration as a pharmacist in Tasmania and declare as follows in support of my application:

#### 1. Basis of Application

I make application because of my existing registration to practise pharmacy in the State or Territory of  
..... in accordance with the provisions of the Mutual Recognition Act 1992.  
*State/Territory*

My registration in the State or Territory is current until ..... and my registration number  
*Date*  
is .....  
*Registration No.*

I have **attached** a document (current practising certificate) evidencing my existing registration in that State or Territory and the document is the original or a complete and accurate copy of the original **certified** by a Commissioner of Declarations as a **true copy**.

#### 2. Current Registrations

I have substantive registration to practise pharmacy in the following additional States and Territories:

State/Territory	Date registered to	Registration No.
.....	.....	.....
.....	.....	.....
.....	.....	.....

The following limitation(s), restriction(s) or condition(s) apply to my current registration:

.....  
.....  
*(indicate 'none' if no conditions apply)*

**3. Qualification**

The qualification(s) on which *initial* registration was granted is as follows:

Degree Obtained: .....Date: .....

Institution (i.e. University) .....

**4. Professional Indemnity Insurance:**

Name of insurer.....Amount.....

AND I further declare ...

- that my current registration to carry on the practice of pharmacy is not cancelled or suspended as a result of disciplinary action;
- that I am not, to my knowledge, the subject of disciplinary action (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the practice of pharmacy;
- that I am not otherwise personally prohibited from carrying on the practice of pharmacy in any jurisdiction and am not subject to any special limitations, restrictions or conditions in carrying on the practice of pharmacy as a result of criminal civil or disciplinary proceedings in any jurisdiction;
- that I have practised pharmacy in the five year period immediately preceding the date of this application.

AND I hereby give consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities in the practice of pharmacy, or otherwise regarding matters relevant to this notice.

AND I further declare that the attached documents evidencing my registration are the original documents, or complete and accurate copies of them.

And I make this solemn declaration under the Oaths Act 2001.

Signature of person making declaration .....

Declared at ..... the ..... day of ..... 20 .....

Before me,

*Commissioner of Declarations*.....

*Name*.....

*Title (if applicable)*.....

*Address*.....

*Occupation*.....

### Statutory Declaration

The information provided in the application must be verified by Declaration under the Oaths Act 2001. The list of persons who may witness a Statutory Declaration are set out in that Act and include a Justice of the Peace, barrister and solicitor of the Supreme Court, member of the police force, registered medical practitioner, dentist, pharmacist and bank manager.

The application will be rejected unless it is properly witnessed and includes the full name, address and qualification of the witness.

### NOTES:

If you will be moving to Tasmania to practice, please provide us with a postal address in Tasmania and an approximate date when you will be arriving:

.....  
*Address* *Arrival Date*

This form must be accompanied by:

- (a) Original or certified copy of current registration
- (b) Application fee (\$250) – cash cheque or money order
- (c) Registration fee (\$360 non-owner pharmacist) (\$460 owner pharmacist)
- (d) A certified copy of photographic identification (must be recognisable)
- (e) Passport size photograph

### Personal Information Protection Statement

The Pharmacy Board of Tasmania collects personal information from you for the purpose of processing this application. You are required to provide this information by the *Pharmacists Registration Act 2001*. Failure to provide this information may result in your application not being processed.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to other authorised organisations. Some information will be recorded on the Register of Pharmacists, which is a public document. Your basic personal information may be disclosed to other public bodies where necessary for the efficient storage and use of the information.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Pharmacy Board. Full details of the Pharmacy Board's Privacy Policy may be obtained by writing to the Board or from the Board's website [www.regboardstas.com/pharmacy](http://www.regboardstas.com/pharmacy)