Government of **Western Australia**
Department of **Health**
Public Health

Application for a pharmacy to increase client numbers
Community Program for Opioid Pharmacotherapy (CPOP)

1. Pharmacy details

Pharmacist with overall responsibility: First name: Surname:

Pharmacy:

Address: Suburb: Postcode:

Telephone: Fax: PBS approval number:

Email

2. Dosing details

Current number of clients dosing per day:		Request to increase to:	
Methadone		Methadone	
Buprenorphine sublingual		Buprenorphine sublingual	
Buprenorphine depot administration		Buprenorphine depot administration	
Total		Total	

Reason for increase:

3. Trading details

Current trading days and hours

Mon Tue Wed Thur Fri Sat Sun

Proposed trading days and hours (if different due to approval to increase client numbers)

Mon Tue Wed Thur Fri Sat Sun

Does this pharmacy trade on public holidays: Yes No

4. Staffing details

Number of CPOP-trained pharmacists onsite during opening hours to support increased patient numbers:

☐ All pharmacists working in the pharmacy are up to date with the relevant CPOP policies and procedures and have completed the CPOP Pharmacist Online training course. Pharmacists must complete the training as a refresher every three years.

Please complete both pages

5. Additional information

Any other information that may support the application (attach additional information if more space is required

6. Declaration

I wish to formally apply for an increase in the number of opioid dependent persons I am permitted to dose per day as described in the *Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence.* I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that my application and any supporting papers will be forwarded to the CPOP Management Committee for consideration.

Signature: Date:

Office Use Only

☐ Application sent to CPOPMC	Date:		Officer:	
Approved:	☐ Yes	☐ No		
Letter sent:	Date:		Officer:	