



1. Pharmacy details

Pharmacist with overall responsibility (PWOR) as recorded with the [Pharmacy Registration Board of WA](#):

Title: _____ First name: _____ Surname: _____

AHPRA Registration number: _____ Mobile phone number: _____

Pharmacy: _____ PBS approval number: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

2. Reason(s) for application

- | | |
|--|--|
| <input type="checkbox"/> New dosing site | <input type="checkbox"/> Change in service - dispensing of buprenorphine s/c injections |
| <input type="checkbox"/> Change in PWOR | <input type="checkbox"/> Change in service - administration of buprenorphine s/c injections by pharmacists to patients |

3. Trading details

Trading days/times:

Monday	Friday
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Tuesday	Saturday
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Wednesday	Sunday
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Thursday

Does this pharmacy trade on public holidays? ☐ Yes ☐ No

4. Applicant declaration

I agree to ensure compliance with the *Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence*, associated guidelines, and the relevant provisions of the *Medicines and Poisons Act 2014* and its Regulations.

I agree to ensure that all pharmacists have completed the CPOP Pharmacist Online Training to dispense and/or administer opioid pharmacotherapy every three years.

I agree all products will be stored in accordance with the guidance provided in the manufacturing product information.

I agree administration of buprenorphine depot formulations will be in line with the Structured Administration and Supply Arrangements (SASA) found at [Structured Administration and Supply Arrangements \(health.wa.gov.au\)](http://health.wa.gov.au/Structured-Administration-and-Supply-Arrangements)

☐ PWOR has attached their Pharmacist Online Training Certificate to the application.

Name: _____ Signature: _____ Date: _____