# Application to change a Health Service Permit for a Medical/Dental Practice

## *Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION | |
|---|---|
| **1.** | This form is for requesting changes to an existing **Medical/Dental Practice Permit** issued under the *Medicines and Poisons Act 2014.*<br><br>This form MUST be completed by the current Permit holder or incoming Permit holder who is suitably qualified and understands the requirements and terminology contained in this application.<br><br>If the Permit holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Permit.<br><br>**All communication will ONLY be with the Permit holder, corporate officer or partner.** |
| **2.** | **Types of changes that cannot be applied for using this form**<br>DO NOT USE THIS FORM, if:<br>• The Permit holder is changing from an individual person to a Permit held by a corporation or partnership, or<br>• The Permit holder is changing from a corporation or partnership to an individual person or<br>• The business has a new owner.<br><br>These types of changes require the submission of a completely new application for a Medical/Dental Practice Permit, found at: Application forms for Licences and Permits<br>Permits cannot be transferred between one business entity and another. |
| **3.** | There are five parts to this form:<br>Part 1 -Sections 1 to 21: Application to change a Medical/Dental Practice Permit.<br>Part 2- Sections 22 to 28: Personal Information: new individual Permit holder, corporate officer or partner<br>Part 3 - Sections 29 to 33: Personal Information: new responsible person for a premises<br>Part 4 - Sections 34, 35: Payment and checklist.<br>Part 5 – Appendices |
| **4.** | Fees are **not** payable for the following type of changes to a Medical/Dental Practice Permit:<br>• Change of postal addresses or other contact details<br>• Change to a person responsible for a premises<br>• Removal of premises from the Permit<br>• Removal of certain medicines from the Permit<br>• Upgrade of storage or security such as installation of CCTV. |
| **5.** | A fee of **$92** is payable for the following type of changes to a Medical/Dental Practice Permit:<br>• Change of individual Permit holder (no change of ownership of the business)<br>• Change of a corporate officer (only for Permits issued to a body corporate and not an individual person)<br>• Increase the quantity of medicines on the Permit<br>• Addition of medicines to the Permit<br>• Relocation of an existing premises to a new location<br>• Addition of a new premises to the to the Permit<br>• Change of business or trading name without changing legal entity (no change of ownership)<br>• Variation in the activities undertaken under the Permit<br><br>Note: some variations may require a new application and issue of a different Permit type) |
| **6.** | **Changing the Permit holder for a Permit held by an individual person**<br>The person nominated as the new Permit holder must also complete Part 2 Personal Information: Identification, Fitness and Probity and sign the declaration at Section 28.<br>**6.1 Qualifications of person nominated as the new Permit holder:**<br>The new Permit holder must**:**<br>• be either a **medical practitioner, nurse practitioner, registered nurse or dentist** only, registered with the Australian Health Practitioner Regulation Agency (AHPRA)<br>• have authority within the business to determine policies and procedures in relation to handling and managing medicines on the Permit. |

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| | **6.2 Permit holder responsibilities**<br>It is the responsibility of the Permit holder to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit.<br>The new Permit holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit for every premises listed on the Permit. The Department may request further information in relation to this capacity.<br>There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit. |
| **7.** | **Preferred new Permit holder**<br>For permits issued to medical practices (not dental), it is preferable that the Permit holder is a medical practitioner who is the medical director for the business. This ensures the Permit holder is the same person who will be authorising the Structured Administration and Supply Arrangement (SASA) documents which allows authorised practitioners such as registered and enrolled nurses to administer medicines to patients without a prescriber issuing a verbal or written direction for each individual patient. Information about SASAs is available on the Department of Health website. It is recommended that applicants read this information before submitting their application.<br>*Only a medical practitioner can issue a SASA.* A medical practitioner SASA can be issued when the medical practitioner directly employs the health professional/s authorised under the SASA. A hospital/health service SASA can be issued when a health organisation such as a medical practice employs the health professional/s authorised under the SASA.<br>If SASAs are issued, a copy of the terms of reference for the Clinical Governance Committee must be attached with the application. A Clinical Governance Committee means a committee constituted by at least three members including a medical practitioner, a registered nurse and a pharmacist. |
| **8.** | **Changing the person responsible for a premises listed on the Permit**<br>A new responsible person will have overall responsibility for and manage the medicines on a day to day basis and be the contact person if the Permit holder is not available.<br>The responsible person for a premises must:<br>• be employed or contracted by the Permit holder<br>• reside in WA<br>• complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 33.<br>**8.1 Responsible person for a Permit issued to an individual person**<br>The responsible person for a premises when a Permit is issued to an individual medical practitioner or nurse practitioner can be the:<br>a) permit holder if the permit is issued to an individual person and not a corporation/partnership<br>**or**<br>b) the most senior medical practitioner, nurse practitioner, registered nurse or dentist at the practice.<br>**8.2 Responsible person for a permit issued to a corporation or partnership**<br>The responsible person for a premises when a Permit is issued to a corporation or partnership can be:<br>a) the most senior medical practitioner, nurse practitioner, registered nurse or dentist at the practice<br>**or**<br>b) the Medical Director or Clinical Director employed by the corporation or partnership who has authority to determine policies and procedures to manage the medicines.<br>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the medicines at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity. |
| **9.** | **Changing a corporate officer or partner for a Permit that is held by a corporation or partnership.**<br>A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 28. |

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| **10.** | **Relocation or addition of a premises**<br>If a premises listed on an existing Medical/Dental Practice Permit:<br>• is being relocated to a different premise **or**<br>• another premises is being added to the existing Medical/Dental Practice Permit:<br>and the relocated or added premises (second premises) is currently listed on a different Permit:<br>○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit.<br>○ In such cases, Permit holders requesting the relocation or addition of a new premises should liaise with the Permit holder at the second premises to ensure the Department is appropriately advised. |
| **11.** | **Schedule 2, 3, 4 and 8 medicines**<br>Sections 15 and 16 relate to the storage and use of Schedule of 2,3, and 4 medicines and Section 17 relates to Schedule 8 (Controlled Drug) medicines. |
| **12.** | **Required documents**<br>The applicant and responsible person are required to submit copies of certain documents.<br>If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.<br>Copies of photographic identification documents, such as a driver's licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix C. |
| **13.** | **Signatures**<br>All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.<br>A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling hand writing will not be accepted.<br><br>The current Permit holder must sign the Declaration for making a change to the Permit at Section 21.<br><br>**13.1 Who can sign for a change to a Medical Dental Practice Permit:**<br>If the Medical Dental Practice Permit is held by an individual person and the change is to request a new individual Permit holder within the same business and the current Permit holder is no longer employed by the business:<br>• the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration.<br><br>If the Medical Dental Practice Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration. |
| **14.** | **Approving a change to a Permit**<br>Applying for a change to an existing Permit does not guarantee the requested changes will be approved. |
| **15.** | **Processing applications**<br>Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please:<br>• Complete all required sections of the application,<br>• **Attach** all requested documentation to the application,<br>• Respond to requests from the Department for additional information as soon as possible,<br>• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,<br>• Do not submit your application as a digital image (photograph). |
| **16.** | **Extra information**<br>When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit |
| **17.** | **Submitting the application**<br>Please email completed form and other requested documentation to: mprb@health.wa.gov.au |

**Incomplete applications may be delayed or returned to the applicant**

**Please keep a copy of the completed application form for reference**

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

**Application to Change**
**Medical/Dental Practice Permit**
**issued under *Medicines and Poisons Act 2014***

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## 1. General information

Permit number: Name of current Permit holder:

Postal address: Suburb: Postcode:

Telephone: Fax: Email:

### 1.1 Type of practice

- ☐ Doctor surgery (general practice or specialist practice)
- ☐ Day surgery – including dialysis centre
- ☐ Private hospital
- ☐ Dental surgery
- ☐ Nurse practitioner practice (medical practitioner not routinely at premises when practice is open for patients)
- ☐ Midwifery practice (medical practitioner not routinely at premises when practice is open for patients)

### 1.2 Type of change

Please check whichever applies:

| **Changes without a fee** | **Complete** |
|---|---|
| ☐ Change of postal addresses or other contact details | Part 1: Sections 2,21 |
| ☐ Change to a person responsible for a premises | Part 1: Sections 3,21<br>Part 3: Sections 29 to 33 |
| ☐ Remove a premises from the Permit | Part 1: Sections 4,6,21 |
| ☐ Remove certain medicines form the Permit | Part 1: Sections 5,6,21 |
| ☐ Upgrade to storage and security<br>Upgrade drug safe | Part 1: Sections 7,21<br>Part 1: Sections 17.1, 17.4, 21 |
| **Changes with a fee of $92** | |
| ☐ Change of individual Permit holder | Part 1: Sections 8, 21<br>Part 2: Sections 22 to 28<br>Part 4: Section 34 |
| Change of corporate officer or partner | Part 1: Sections 9, 21<br>Part 2: Sections 22,25,26,27,28<br>Part 4: Section 34 |
| ☐ Increase quantity of medicines already listed on the Permit<br>If increasing quantity of Schedule 8 medicines on the Permit | Part 1: Sections 10,21<br>Plus Sections 17.1, 17.4<br>Part 4: Section 34 |
| ☐ Addition of certain Schedule 2,3, and 4 medicines to the Permit<br>If adding Schedule 8 medicines to the Permit | Part 1: Sections 11,21<br>Plus Section 17<br>Part 4: Section 34 |
| ☐ Relocation of an existing premises to a new premises<br>If relocated premises will be storing Schedule 8 medicines | Part 1: Sections 12,14,15,16,21<br>Plus Section 17<br>Part 4: Section 34 |
| ☐ Addition of another new premises to the Permit<br>If new added premises will be storing Schedule 8 medicines | Part 1: Sections13,14,15,16,18,21<br>Plus Section 17<br>Part 4: Section 34 |
| ☐ Change of business or trading name without any change of the legal entity | Part 1: Section 19,21<br>Part 4: Section 34 |
| ☐ Variation in activities undertaken under the Permit, including use of the medicines | Part 1: Section 20,21<br>Part 4: Section 34 |

**Note: if making multiple changes, only pay one fee of $92**

**1.3** Additional information to support application (optional):

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes without a fee

## 2. Change of postal address and other contact details

New Postal Address*: Suburb: Postcode:

Telephone: Fax: Email:

* Renewal reminders will be sent to this address

## 3. Change the person responsible for a premises listed on the Permit

Refer to instruction number 8 for information on the requirements for being a responsible person for a premises.

Premises name:

Address: Suburb: Postcode:

Name of new incoming responsible person for this premises:

Title: Forename(s): Surname:

**3.1 Details about the new person responsible for a premises listed on the Permit**

Is the new responsible person also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity

## 4. Remove a premises from the Permit

Premises name:

Address: Suburb: Postcode:

Date the business will cease trading at these premises:

Is the business at the premises being sold to another Medical/Dental Practice or hospital or day surgery?

**4.1** ☐ Yes: please provide the name of the new business:

The Department requires the person taking over the Medical/Dental business to either:

- apply to add this premises to their current Medical/Dental Permit, if they already have a Permit, or
- apply for a new Permit in their name.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Permit.

**4.2** ☐ No, is there any remaining stock of medicines left?

☐ No ☐ Yes: please also complete Sections 6

## 5. Remove certain medicines from the Permit

Premises name:

Address: Suburb: Postcode:

**5.1** Please indicate the schedule of the medicines being removed from the above-named premises:

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug

If only a small number of specific individual medicines are to be removed from the premises, please list below:

**5.2** Is there any remaining stock left of the medicines being removed from the Permit at the above-named premises

☐ No ☐ Yes: please also complete Sections 6

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes without a fee

### 6. Information about disposal of medicines

Is there any remaining medicines left at the premises which is being removed from the Permit (Section 4) or is there any remaining stock of certain medicines being removed from the Permit (Section 5)?

☐ No

☐ Yes: complete Section 6.1 and 6.2

**6.1 What will happen to the remaining Schedule 2,3 and 4 medicines?**

☐ Transferred to the medical/dental business taking over the practice:
Name of the new practice business: _____

**or**

☐ Transferred to a different premises listed on the Permit
Name of premises: _____

**or**

☐ Taken to a pharmacy or hospital for disposal [1]
Name of pharmacy/hospital: _____

**or**

☐ Returned to wholesaler for disposal
Name of wholesaler: _____

**or**

☐ *Destroyed* at the premises, placed into a sharp's container, collected by a licensed clinical waste disposal service and incinerated[2]
Name of licensed clinical waste disposal service: _____

**6.2 Schedule 8 medicines (Controlled Drug)**

Are any Schedule 8 medicines remaining?

☐ No

☐ Yes.

☐ Please confirm an inventory of **S8** medicines will be conducted before being leaving the premises or removing the Schedule 8 medicines from the Permit.

What will happen to the remaining Schedule 8 medicines?

☐ they will be transferred to the business taking over the practice, transferred to a different premises on the Permit, taken to a pharmacy/hospital or returned to the wholesaler as indicated in Section 6.1 **or**

☐ they will be destroyed at the premises and collected by a licenced clinical waste disposal service – please confirm the following:

☐ S8 medicines will be *destroyed* by making them unidentifiable and unusable[2]

☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016[3]

☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016[3]

[1] Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine

[2] Disposal of medicines

[3] Persons authorised to destroy S8 medicines and witnesses include health professionals such as medical practitioners, registered nurses, dentists, pharmacists and must be two different people.

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes without a fee

### 7. Upgrading storage and security

Premises name:

Address: Suburb: Postcode:

Describe the change to the way the medicines are stored or the change to premises security:

**7.1 Upgrading a drug safe**

If upgrading a drug safe for storing medicines in Schedule 8 please complete Sections 17.1 and 17.4. Do not make a payment if the Permit currently lists Schedule 8 medicines and the change is for upgrading the drug safe only.

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes with a fee

## 8. Change of individual Permit holder

Complete this section only if the new Permit holder is an individual medical practitioner, nurse practitioner, registered nurse or dentist.
Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

**8.1 Name of new incoming permit holder:**

Title: Forename(s): Surname:

Address: Suburb: Postcode:

Telephone /Mobile: Email:

Position in business:

A new Permit holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

## 9. Change of corporate officer or partner

**Note:** Only applicable if the permit has been issued to a body corporate or company and not to an individual person.

**9.1 Name of new incoming corporate officer or partner**

Title: Forename(s): Surname:

Address:

Telephone/Mobile: Email:

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

**9.2 Name of outgoing corporate officer or partner**

Title: Forename(s): Surname:

**9.3** Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

## 10. Increase quantity of medicines

Premises name:

Address: Suburb: Postcode:

**10.1 Medicines having their quantities increased at the above-named premises**

| Medicine | Quantity on current Permit | Increase quantity to: |
|---|---|---|
| | | |
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**10.2 Increasing quantity of Schedule 8 medicines**

If increasing the quantity of a Schedule 8 medicine/s, complete Sections 17.1 and 17.4. The total number of human doses of Schedule 8 medicines stored at the premises will have to be calculated to determine if the current safe is still compliant.

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes with a fee

## 11. Addition of medicines

Premises name:

Address: Suburb: Postcode:

**11.1 Medicines to be added to the above-named premises**

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: plus, complete Section 17

If only a small number of specific individual medicines are to added oved, please list below:

**11.2 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines being added to the Permit**

11.2.1 Storage of non- refrigerated Schedule 2,3, and 4 medicines (Please check which one applies)

☐ Locked room ☐ Locked cupboard ☐ N/A no non-refrigerated medicines

11.2.2 Storage of refrigerated Schedule 2, 3, and 4 medicines (Please check which one applies)

☐ Locked room with refrigerator ☐ Locked refrigerator ☐ N/A no refrigerated medicines

11.2.3 Temperature monitoring for refrigerated Schedule 2,3 and 4 medicines.

Please indicate how the temperature of refrigerated medicines will be monitored

☐ Vaccine refrigerator with an inbuilt thermometer with downloadable data.

☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines. The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures) and
- must create an alarm if the temperature is outside the designated range.

**11.3 Usage of the medicines being added to the Permit**

Will the medicines being added, be used for the same purpose as other medicines listed on the Permit?

☐ Yes

☐ No: please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes with a fee

## 12. Relocation of an existing premises

**12.1** **Current address of premises:**

Premises name:

Address: Suburb: Postcode:

**12.2** **New address of relocated premises:**

Premises name:

Address: Suburb: Postcode:

Telephone: Fax: Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises):

Note: Permit will be issued with "Valid from" date on or after this date.

**12.3** **Plus,** complete Sections 14,15,16,21 and 34 (payment) and complete all of Section 17 if Schedule 8 medicines will be stored at the relocated premises.

## 13. Addition of another new premises

**13.1** Premises name:

Premises Address: Suburb: Postcode:

Telephone: Fax: Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises)

Note: Permit will be issued with "Valid from" date on or after this date.

**13.2** **Plus,** complete Sections 14,15,16,21 and 34 (payment) and complete all of Section 17 if Schedule 8 medicines will be stored at the new added premises.

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes with a fee

## 14. Information about the relocated or new added premises

Is this premises being bought from another medical/dental practice business? See instruction number 10.

☐ No

☐ Yes: Name of previous medical/dental practice _____

The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder's Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

**14.1 Person responsible for the relocated or new added premises**

Title: _____ Forename(s): _____ Surname: _____

Position in business: _____

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Permit or
- the Permit holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

**14.2 Location of relocated or new added premises**

☐ Commercial ☐ Industrial

☐ Other-please specify: _____

14.2.1 Is local government approval required to operate a Medical/Dental practice from the premises?

☐ Yes: **Attach** evidence of local government approval to operate the practice from the premises

☐ No: Local government may be asked to comment on applications which may increase processing time

**14.3 Building /premises security for relocated or new added premises.** Please check all that apply:

☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors

☐ Perimeter fence with lockable gate ☐ Perimeter alarm

☐ Other – please describe: _____

# PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT

## Changes with a fee

## 15. Information about the medicines at relocated or new added premises

**List of medicines to be used at relocated or new added premises**

Please check all the apply:

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: plus, complete Section 17

If only a small number of specific individual medicines will be required at relocated or new added premises, please list below:

**15.1 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines at relocated or new added premises**

15.1.1 Storage of non- refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

☐ Locked room ☐ Locked cupboard ☐ N/A no non-refrigerated medicines

15.1.2 Storage of refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

☐ Locked room with refrigerator ☐ Locked refrigerator ☐ N/A no refrigerated medicines

15.1.3 Temperature monitoring for refrigerated medicines in Schedule 2,3 and 4

Please indicate how the temperature of refrigerated medicines will be monitored

☐ Vaccine refrigerator with an inbuilt thermometer and data logger that can download data.

☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines. The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures) and
- must create an alarm if the temperature is outside the designated range.

**15.2 Storage area for medicines in Schedule 2,3, and 4 at relocated or new added premises**

Please provide information for all areas storing Schedule 2,3 and 4 medicines at the premises:

| Floor number, room number/room name | Floor number, room number/room name |
|---|---|
| | |
| | |
| | |
| | |

**15.3 Usage of the medicines at the relocated or new added premises**

Will the medicines at the relocated or new premises be used for the same purpose as at the previous premises or other premises on the Permit?

☐ Yes

☐ No: please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

### 16. Administration and supply of medicines to patients at relocated or new added premises

**16.1 Type of health practitioner authorising administration and supply of Schedule 2, 3,4 medicines to patients**

16.1.1 ☐ **Medical Practitioner**

a) ***Administration*** of **Schedule 4 medicines** (please check ONE option only):

- ☐ Doses of **Schedule 4** medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient**.**
- ☐ A combination of individual directions to *administer* and Structured Administration and Supply Arrangements (SASAs)[1] will be used for *administration* of doses of Schedule 4 medicines.
- ☐ All *administration* of doses of Schedule 4 will be in accordance with a SASA[1]

b) ***Supply*** of **Schedule 2,3** and **4** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 2,3, and 4 medicines will not be *supplied* to patients to take home
- ☐ Schedule 2,3 and 4 medicines for patients to take home will be personally *supplied* by medical practitioner[2]
- ☐ A combination of individual supply by the medical practitioner and SASAs[1] will be used to supply Schedule 2,3 and 4 medicines to the patient[2]
- ☐ Schedule 2, 3 and 4 medicines will be *supplied* to patients to take home via SASAs only[2]

[1]Note: Structured Administration and Supply Arrangements (SASA's) can only be written:

- and approved by a medical practitioner and not a nurse practitioner or dentist.
- for acute conditions or a public health issue
- for the administration and not the supply of Schedule 8 medicines.

Information on SASAs are available at: Structured Administration and Supply Arrangements

Once completed, copies of SASAs must be forwarded to the Medicines and Poisons Regulation Branch. Completion of SASAs is not required as part of the Permit application process.

[2] Complete Section 16.2

16.1.2 ☐ **Nurse Practitioner**

a) ***Administration*** of **Schedule 4** medicines

- ☐ Please check to confirm if **Schedule 4** medicines will only be *administered* by a nurse practitioner or *in* accordance with a direction by a nurse practitioner for each individual patient**.**

b) ***Supply*** of **Schedule 2,3** and **4** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 2,3, and 4 medicines will not be *supplied* to patients to take home[2]
- ☐ All Schedule 2,3 and 4 medicines for patients to take home will be personally *supplied* by nurse practitioner. Complete Section 16.2

16.1.3 ☐ **Dentist**

a) ***Administration*** of **Schedule 4** medicines

- ☐ Please check to confirm if **Schedule 4** medicines (will only be *administered* by a dentist or *in* accordance with a direction by a dentist for each individual patient**.**

b) ***Supply*** of **Schedule 2,3** and **4** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 2,3, and 4 medicines will not be *supplied* to patients to take home.
- ☐ All Schedule 2,3 and 4 medicines for patients to take home will be personally *supplied* by a dentist: Complete Section 16.2

**16.2 Supplying Schedule 2,3 and 4 medicines to patients at relocated or new added premises**

Complete Section 16.2, only if Schedule 2,3 or 4 medicines will be supplied to patients to take home.

- ☐ Please check to confirm Schedule 2 and 3 medicines will only be supplied to patients in their original packs.
- ☐ Please check to confirm Schedule 4 medicines supplied to patients, will be labelled according to Appendix L of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)

More information is found at: Labels on Medicines and Poisons

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

### 17. Schedule 8 medicines (Controlled Drug)

Complete Sections 17.1 and 17.4 if the drug safe has been upgraded as per Section 7.1
Complete Sections 17.1 and 17.4 if increasing the quantify of Schedule 8 medicines as per Section 10.2
Complete all of Section 17 if adding Schedule 8 medicines to the Permit as per Section 11.1
Complete all of Section 17 if a relocated premises will be storing Schedule 8 medicines as per Section 12.3
Complete all of Section 17 if a new added premises will be storing Schedule 8 medicines as per Section 13.2

Is this premises being bought from another medical/dental practice? See instruction number 10.

☐ No ☐ Yes: name of previous medical/dental practice:

Are Schedule 8 medicines being transferred from the previous medical/dental practice?

☐ No ☐ Yes: please confirm an inventory of S8 medicines will be conducted at the time of handover

Will S8 medicines be stored in multiple areas/rooms at the premises?

☐ No: complete all of Section 17

☐ Yes: complete all of Section 17 for the first drug safe and Sections 17.1 and 17.4 for every other drug safe.

**17.1 Required Schedule 8 medicines**

Confirm address of premises:

17.1.1 Location of drug safe (floor number, room number/name):

17.1.2 Please list all required S8 medicines stored in the **drug safe** at the location named in Section 17.1.1

| Name, strength and form of medicine | Quantity required | Number of *human doses* |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

17.1.3 Total number of *human doses* of S8 medicines stored in the drug safe:

**How to calculate the number of *human doses*:**

a. For divided doses such as tablets, capsules, ampoules, patches: 1 tablet, 1 ampoule, 1 patch =1 dose, regardless of strength. For example, 1 fentanyl patch = 1 human dose, 1 ampoule = 1 human dose.

b. For mixtures, calculate the number of doses in the bottle using the information in the following table:

| Preparation | Size of bottles | Human dose | Total doses per bottle |
|---|---|---|---|
| Morphine mixture 2 mg per mL | 200 mL | 5 mg | 80 |
| Morphine mixture 5 mg per mL | 200 mL | 5 mg | 200 |
| Oxycodone mixture 1 mg per mL | 250mL | 5mg | 50 |
| Hydromorphone mixture 1 mg per mL | 473mL | 2mg | 237 |
| Codeine linctus 5 mg per mL | 100mL | 5mL | 20 |

**17.2 Number of human doses of Schedule 8 medicines and drug safe requirements**

The number of human doses of Schedule 8 medicines stored in the drug safe will determine the size of the safe.

| Number of human doses | Compliant drug safe | Motion detector |
|---|---|---|
| ≤ 250 | Small | Not required |
| Between 251- 500 | Small | Required |
| > 500 | Large | Required |

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

**17.3 Storage for medicines in Schedule 8 (Hospitals only)**

If the premises is a hospital and a ward operates continuously (24 hours a day /7 day a week) with an authorised person always present; are Schedule 8 medicines stored on the ward?

☐ No ☐ Yes: please check which type of storage is used:

☐ Lockable hardwood cupboard securely fixed ☐ Lockable metal cupboard securely fixed ☐ Drug Safe

**17.4 Number of Schedule 8 human doses and required drug safe.** Complete Section 17.4 for each drug safe.

Check to confirm the number of doses calculated at 17.1.3 stored in the drug safe identified in Section 17.1.1

☐ ≤ 250: complete Section 17.4.1 ☐ 250-500: complete Section 17.4.2 ☐ > 500: complete Section 17.4.3 +a

17.4.1 ☐ **≤ 250** human doses will be stored in a small drug safe with no motion detector required.

Schedule 8 small drug safe make and model number:

What is the safe bolted to?

☐ Concrete floor ☐ Brick wall ☐ Other, describe:

☐ **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information.

☐ Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A.

Please **attach** photos showing:

- safe with the door closed
- safe with the door open, with a ruler held against the door edge to show the thickness of the door plate
- how the safe has been bolted into place with four bolts as per Appendix A Requirements for a small safe

17.4.2 ☐ **251- 500** human doses will be stored in small drug safe and monitored by a motion detector device.[1]

Schedule 8 small drug safe make and model number:

What is the safe bolted to?

☐ Concrete floor ☐ Brick wall ☐ Other, describe:

☐ **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information.

☐ Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A.

☐ Check to confirm safe is covered by motion detector linked to continuously monitored alarm system.

Please **attach** photos showing:

- safe with the door closed.
- safe with the door open, with a ruler held against the door edge to show the thickness of the door plate
- how the safe has been bolted into place with four bolts as per Appendix A.
- location of motion detector/s in relation to the drug safe.

17.4.3 ☐ **>500** human doses will be stored in a large safe, continuously monitored by a motion detector device[1].

Schedule 8 large drug safe make and model number:

☐ Check to confirm the safe is compliant with requirements for a large drug safe as per Appendix B.

☐ Check to confirm safe is covered by motion detector linked to continuously monitored alarm system.

Does the large safe weigh more than one tonne?

☐ Yes ☐ No: check to confirm the safe is mounted on a concrete floor as per Appendix B

Please **attach** photos showing:

- safe with the door closed
- safe with the door open, with a ruler held against the door edge to show the thickness of the door plate
- the locking mechanism as per Appendix B
- the door is secured with at least 2 locking bolts of at least 32mm
- how the safe has been bolted onto a concrete floor as per Appendix B if safe weights less than 1tonne
- location of motion detector/s in relation to the drug safe.

17.4.3 a Please **attach** evidence to show the safe was installed by a person licensed under the *Security and Related Activities (Control) Act 1996* to install safes.

[1]Motion Detectors: drug safe must be covered by movement detector attached to a continuously monitored alarm system.

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

**17.5 Access to Schedule 8 medicines**

☐ Please check to confirm that only AHPRA registered health practitioners authorised under the *Medicines and Poisons Act 2014* to possess Schedule 8 medicines and employed by the medical dental practice will have unsupervised access to S8 medicines and keys/entry codes to storage rooms and drug safes.

**17.6 Record keeping for Schedule 8 medicines**

Check to confirm which type of recording system will be used to record administration or supply of S8 medicines:

☐ Patient notes OR ☐ Other- please describe:

Which type of drug register will be used to record the receival of and administration or supply of S8 medicines[1]

☐ Paper Schedule 8 register – HA14 OR

☐ Department of Health approved Electronic Schedule 8 register

Name of approved electronic register:

☐ Check to confirm records of administration or supply and registers will be kept for a minimum of 5 years[1]

**17.7 Inventory, loss, theft and discrepancies of Schedule 8 medicines**

☐ Check to confirm an inventory (balance check) of S8 medicines will be conducted at least monthly[2].

☐ Check to confirm any discrepancies that have not been accounted for are reported to MPRB ASAP[2]

☐ Check to confirm loss / theft of S8 medicines will be reported to MPRB and police ASAP[3]

**17.8 Disposal/destruction of Schedule 8 medicines at relocated or new added premises**

17.8.1 ☐ Check to confirm an inventory of S8 medicines will be conducted prior to being disposed of or destroyed.

17.8.2 Please indicate how expired or substandard Schedule 8 medicines will be disposed of:

☐ Taken to pharmacy or hospital for disposal [4]

Name of pharmacy/hospital:

**or**

☐ Returned to wholesaler for disposal

Name of wholesaler:

**or**

☐ *Destroyed* at the premises, placed into a sharp's container, collected by a licensed clinical waste disposal service and incinerated[5]

Name of licensed clinical waste disposal service:

Please confirm the following:

☐ Schedule **8** medicines will be *destroyed* by making them unidentifiable and unusable[5]

☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016[5,6]

☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016[5,6]

[1] Schedule 8 drug registers
[2] Recording of Schedule 8 transactions in an approved register
[3] Reporting loss or theft of medicines and poisons
[4] Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine
[5] Disposal of medicines
[6] Persons authorised to destroy and make S8 medicines unidentifiable and persons authorised to witness this process include health professionals permitted to possess S8 medicines such as medical practitioners, registered nurses, dentists, pharmacists.

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

**17.9 Administration and supply of Schedule 8 medicines to patients at relocated or new added premises**

Type of health practitioner authorising administration and supply of Schedule 8 medicines to patients

17.9.1 ☐ **Medical Practitioner**

a) ***Administration*** of **Schedule 8** medicines (please check ONE option only):

- ☐ Doses of Schedule 8 medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient**.**
- ☐ A combination of individual directions to *administer* and Structured Administration and Supply Arrangements (SASAs)[1] will be used for *administration* of doses of Schedule 8 medicines.
- ☐ All *administration* of doses of Schedule 8 will be in accordance with a SASA[1]

b) ***Supply*** of **Schedule 8** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 8 medicines will not be *supplied* to patients to take home
- ☐ All Schedule 8 medicines for patients to take home will be personally *supplied* by a medical practitioner: complete Section 17.9

[1]Note: Structured Administration and Supply Arrangements (SASA's) can only be written:

- and approved by a medical practitioner and not a nurse practitioner or dentist.
- for acute conditions or a public health issue
- for the administration and not the supply of Schedule 8 medicines.

Information on SASAs are available at: Structured Administration and Supply Arrangements

Once completed, copies of SASAs must be forwarded to the Medicines and Poisons Regulation Branch. Completion of SASAs is not required as part of the Permit application process.

17.9.2 ☐ **Nurse Practitioner**

a) ***Administration*** of **Schedule 8**medicines

- ☐ Please check to confirm Schedule 8 medicines will only be *administered* by a nurse practitioner or *in* accordance with a direction by a nurse practitioner for each individual patient.

b) ***Supply*** of **Schedule 8** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 8 medicines will not be *supplied* to patients to take home
- ☐ All Schedule 8 medicines for patients to take home will be personally *supplied* by a nurse practitioner: complete Section 17.9

17.9.3 ☐ **Dentist**

a) ***Administration*** of **Schedule 8** medicines

- ☐ Please check to confirm Schedule 8 medicines will only be *administered* by a dentist or in accordance with a direction by a dentist for each individual patient**.**

b) ***Supply*** of **Schedule 8** medicines for patients to take home (please check ONE option only):

- ☐ Schedule 8 medicines will not be *supplied* to patients to take home.
- ☐ All Schedule 8 medicines for patients to take home will be personally *supplied* by a dentist: complete Section 17.9

**17.10 *Supplying* Schedule 8 medicines to patients**

Complete Section 8.9 only if Schedule 8 medicines will be supplied to patients to take home.

☐ Please check to confirm Schedule 8 medicines supplied to patients, will be labelled according to Appendix L of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)

More information is found at: Labels on Medicines and Poisons

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

### 18. Structured Administration and Supply Arrangements (SASA)

Refer to instructions number 7. Once issued, copies of SASAs must be sent to MPRB@health.wa.gov.

**18.1 If SASAs are issued by the organisation, tick each box to confirm that each of the following requirements of Regulation 34 of the Medicines and Poisons Regulations 2016 are met**

- ☐ Each SASA is reviewed by a Clinical Governance Committee that meets the requirements of Regulation 34(1) of the Medicines and Poisons Regulations 2016
- ☐ Each SASA is signed by the most senior medical practitioner in the organisation
- ☐ Each SASA is issued by the Chief Executive Officer of the organisation.

**18.2 Terms of reference of Clinical Governance Committee: Please attach a copy of the terms of reference** ☐

### 19. Change of business or trading name

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Permit is required.

**19.1 Previous business or trading name:**

New business or trading name:

**Attach** a copy of the Current and Historical Business Name Extract from ASIC

**19.2** Australian Business Number:

### 20.Variation in the activities undertaken under the Permit

Please describe the proposed change in the way the medicines will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Permit type.

## PART 1: APPLICATION to change a MEDICAL/DENTAL PRACTICE PERMIT
## Changes with a fee

### 21. Declaration by Permit holder

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder, or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer of partner.

Please refer to Instruction 13 for information on acceptable signatures.

I am the: ☐ current Permit holder ☐ incoming Permit holder

☐ the corporate officer or partner who signed the original Permit application.

**If the current Permit holder cannot sign please provide the reason:**

I (provide full name):

of (provide full address):

hereby declare:

i. The information contained in this application form is true and correct

ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant: Date:

# PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

**Part 2** assesses identification, fitness and probity of the Permit holder.
If the new Permit holder is an individual health practitioner, all sections of Part 2 must be completed.
If the Permit is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 23 and 24 must be completed by each new corporate officer or each new partner.

## 22. Identification of new Permit holder, corporate officer or partner

**22.1 Personal Details**

Title: Forename/s: Surname: Date of birth:

Address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Mobile number: Email:

Position in business:

**22.2 Certified true copy of a photographic identification document**

**ATTACH** a certified [1] copy of a WA State Government or Australian Government issued photographic identification document such as drivers Licence or passport. Non-government issued identification documents will not be accepted.

[1]Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix C for a list of persons authorised to certify a true copy)

**22.3 Role in relation to the Permit**

☐ A new medical practitioner, nurse practitioner, registered nurse or dentist who will be the new Permit holder on behalf of the business. Complete remainder of Part 2.

☐ a new corporate officer. Type of corporate officer:

☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 25,26,27 and 28 of Part 2 and **attach** a CV[1]

☐ a new partner

Complete Sections 25,26,27 and 28 of Part 2 and **attach** a CV[1]

[1]A new **corporate officer or partner must provide a CV and qualifications.** These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014.*

## 23. Qualifications of new Permit holder

Complete this section if you are an individual person (medical practitioner or nurse practitioner) applying to be the new Permit holder.
Do not complete this section, if the Permit has been issued to a corporation or partnership.

Refer to instruction number 6 for information on the requirements for being an individual Permit holder.

**23.1 Which type of health practitioner will be the new individual Permit holder** – tick which one applies:

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Dentist

AHPRA registration number: Registration expiry date:

**23.2 Attach** a copy of your current annual registration certificate or wallet card provided to you by AHPRA.
Note: please **do not** provide an extract of the information available on AHPRA's public website.

## PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

### 24. Authority, access, standard operating procedures (SOPs)

Complete this section if you will be the new individual Permit holder, i.e. medical practitioner, nurse partitioner, registered nurse or dentist
Do **not** complete this section, if the Permit holder is a corporation or partnership.

☐ Please check to confirm that as the new Permit holder, you will have authority within the business to determine policies and procedures on the management, storage and administration of medicines.

☐ Please check to confirm that you will always have access to the medicines listed on the Permit.

☐ Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the medicines.

### 25. Prior permits/licences for medicines/poisons

To be completed by a new Permit holder, new corporate officer or new partner.

**25.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence , under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

**25.2** Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

## PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

### 26. Criminal check for new Permit holder, corporate officer or partner

**26.1 Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory.**

Have you ever been convicted of or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

**26.2 Indictable offences[1]**

Role in relation to the Permit:

a. ☐ individual medical practitioner, nurse practitioner, registered nurse, dentist.

Have you been convicted of, or are there charges pending for indictable[1] offences since you last applied for renewal of your registration as a health practitioner?

☐ No

☐ Yes: please **attach** full details in the form of a Statutory Declaration and include the:
- Name of court including state/territory/ country, relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences.

b. ☐ a corporate officer or partner.

i **Attach** a copy of your National Police Clearance certificate (NPC) which is less than 12 months old**.**

ii Have you been convicted of, or are charges pending for indictable[1] offences since the date on your NPC?

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include:
- Name of court including state/territory or country, relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences.

[1] Minor traffic offences are not classified as indictable offences

### 27. Financial resources of new Permit holder, corporate officer or partner

To be completed by a new Permit holder, new corporate officer or new partner.

**27.1** Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged? _____

**27.2** Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? ☐ Yes ☐ No

## PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

### 28. Declaration by new Permit holder, corporate officer or partner

This declaration must be signed by the new individual Permit holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to Instruction 13 for information on acceptable signatures.

a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Medical/Dental Practice Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.

b. I am at least 21 years of age.

c. The information contained in this application form is true and correct.

d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.

e. I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage and handling of scheduled medicines and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit.

f. I will notify the Department of Health **if** I leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature: _____ Name: _____ Date: _____

# PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

## 29. Identification of new responsible person

The role of the responsible person is to manage the medicines on a day to day basis and be the contact person, if the Permit holder is not available.

Refer to instruction number 8 for information on the requirements for being a responsible person for a premises.

**29.1** Is the new responsible person, also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: complete remainder of Part 3.

**29.2 Personal details of responsible person**

Title: Forename/s: Surname: Date of birth:

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

**29.3 Certified true copy of a photographic identification document**

**ATTACH** a certified [1] copy of a WA State Government or Australian Government issued photographic identification document such as drivers licence or passport. Non-government issued identification documents will not be accepted.

[1] Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix C for a list of persons authorised to certify a true copy).

## 30. Qualifications of new responsible person

**30.1 Qualifications of responsible person**

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Dentist

**30.2 AHPRA registration number**: Registration expiry date:

**Attach** a copy of your current annual registration certificate or wallet card provided to you by AHPRA.

Note: please **do not** provide an extract of the information available on AHPRA's public website

## PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

### 31. Prior permits/licences for medicines/poisons held by new responsible person

**31.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

**31.2** Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

### 32. Criminal check for new responsible person

**32.1 Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory.**

Have you ever been convicted of or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory.

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

**32.2 Indictable offences**

Have you been convicted of or are there charges pending for indictable[1] offences since you last applied for renewal of your registration as a health practitioner?

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

[1] Minor traffic offences are not classified as indictable offences

## PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

### 33.Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.

Please refer to Instruction 13 for information on acceptable signatures.

a) I acknowledge my role is to manage the medicines on a day to day basis and be the contact person, if the Permit holder is not available.

b) I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Medical/Dental Practice Permit. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.

c) I am at least 21 years of age.

d) The information contained in this application form is true and correct.

Signature: _____ Name: _____ Date: _____

# PART 4: PAYMENT and CHECKLIST

## 34.Payment (where required)

**Fee: $92**

1. ☐ Credit Card – American Express and Diners not accepted

   Card type: ☐ MasterCard ☐ Visa

   Name on card: _____ Card number: _____

   Expiry date: _____ Amount: **$92**

   Signature of cardholder: _____ Date: _____

2. ☐ Direct debit to bank

   **Please quote Permit number and business name in the reference when making a direct debit payment**

   Bank: Commonwealth Bank: **BSB**: 066 040 **Account number:** 13300018 Amount: **$92**

   Receipt Number: _____ Payment date: _____

3. ☐ Cheque or money order – made payable to DEPARTMENT OF HEALTH

**Please keep a copy of the completed application form for reference**

Please email completed form and other requested documentation to mprb@health.wa.gov.au

**A fee of $92 is payable** for the following types of changes to a Medical/Dental Practice Permit:

- Change of individual permit holder (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a corporation and not an individual person)
- Increase quantity of medicines
- Add medicines to the Permit for an existing premises
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).
- Variation in the activities undertaken under the permit, including the use of the medicines

**Note: if making multiple changes, only pay one fee of $92**

**Fees are not payable** for the following type of changes to a Medical/Dental Practice Permit:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Permit
- Removal of medicines from the Permit
- Upgrading storage or security including upgrading a drug safe

## PART 4: PAYMENT and CHECKLIST

### 35. Checklist

Please ensure all the appropriate requested documentation is attached for:

**Part 1 Application to change a Medical/Dental Practice Permit**

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Permit holder: completed Part 2: Personal Information (Section 8.1)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If applicable, evidence local government approval to operate a practice from the premises (Section 14.2.1)
- ☐ If storing Schedule 8 medicines, attach photos of safe etc as required in Section 17.4
- ☐ If storing S8 medicines in a large safe, evidence to show the safe was installed by a person licensed under the Security and Related Activities (Control) Act 1996 to install safes. (Section 17.4.3.a)
- ☐ If SASAs are issued, a copy of the terms of reference of the Clinicial Governance Committee (Section 18.2)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 19.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 21)

**Part 2: Personal information, fitness and probity for new Permit holder, corporate officer or partner**

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 22.2). See Appendix C for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer/ partner, attach a CV and qualifications for each new officer/partner (Section 22.3)
- ☐ If the new Permit holder is an individual medical practitioner, nurse practitioner, registered nurse or dentist, attach a copy of the person's current annual registration certificate or wallet card provided by AHPRA. **Do not** provide an extract of the information available on AHPRA's public website (Section 23.2)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 26.1)
- ☐ If the new Permit holder is an individual medical practitioner, nurse practitioner, registered nurse or dentist and they have been convicted of or there are charges pending for an indictable offence since they last renewed their AHPRA registration, attach a Statutory Declaration relating to the offence (Section 26.2.a)
- ☐ If there is a new corporate officer or partner, attach a copy of the NPC for each new corporate officer or partner which is less than 12 months old (Section 26.2.b i)
- ☐ If there is a new corporate officer or partner and they have been convicted of, or there are charges pending for an indictable offence since the date on the NPC, attach a Statutory Declaration relating to the offence (Section 26.2.b ii)
- ☐ Declaration signed and dated by new Permit holder, new corporate officer or partner (Section 28)

**Part 3: Personal information, fitness and probity for new responsible person**

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 29.3). See Appendix C for a list of persons authorised to witness a signature
- ☐ The responsible person's current annual registration certificate or wallet card provided by AHPRA. **Do not** provide an extract of the information available on AHPRA's public website (Section 30.2)
- ☐ If the new responsible person has been convicted of or there are charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory, attach a Statutory Declaration relating to the offence (Section 32.1)
- ☐ If the new responsible person has been convicted of or there are charges pending for an indictable offence since they last renewed their AHPRA registration, attach a Statutory Declaration relating to the offence (Section 32.2)
- ☐ Declaration signed and dated by new responsible person (Section 33)

**Part 4: Payment and Checklist**

- ☐ Payment details completed with correct signature if paying by credit card (Section 34)

# PART 5: APPENDICES

## Appendix A: Requirements for a small safe

The requirements for a small drug safe are set out in the Table.

**Table**

| | Requirements |
|---|---|
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick<br><br>All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick<br><br>Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed<br><br>Hinge system must be a system that does not allow the door to be opened if the hinge is removed |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor or a brick or concrete wall with at least 4 expanding bolts of at least 12 mm in diameter<br><br>If mounting on a concrete floor or a brick or concrete wall is not possible must be securely mounted on structural elements of the building such as studs or floor joists |

# PART 5: APPENDICES

## Appendix B: Requirements for a large safe

The requirements for a large safe are set out in the Table.

**Table**

| | Requirements |
|---|---|
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick<br>All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick<br>Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed<br>Hinge system must be a system that does not allow the door to be opened if the hinge is removed<br>Must be secured with at least 2 locking bolts of at least 32 mm diameter |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor with an expanding bolt with a diameter of at least 16 mm unless the safe weighs more than 1 tonne |
| **Installation** | Must be installed by a person licensed under the *Security and Related Activities (Control) Act 1996* to install safes |
| **Weight** | Must have a minimum weight of 250 kg |

# PART 5: APPENDICES

## Appendix C: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>
Signature
Name
Profession or occupation group

| Persons who can certify documents | |
|---|---|
| Academic (tertiary institution) | Medical practitioner |
| Accountant | Member of Parliament |
| Architect | Minister of religion |
| Australian Consular Officer | Nurse |
| Australian Diplomatic Officer | Optometrist |
| Bailiff | Patent attorney |
| Bank manager | Pharmacist |
| Chartered secretary | Physiotherapist |
| Chiropractor | Podiatrist |
| Company auditor or liquidator | Police officer |
| Court officer (judge, master, magistrate, registrar or clerk) | Post Office manager |
| Defence Force officer | Psychologist |
| Dentist | Public servant |
| Engineer | Public notary |
| Industrial organisation secretary | Real Estate agent |
| Insurance broker | Settlement agent |
| Justice of the Peace | Sheriff or deputy Sheriff |
| Lawyer | Surveyor |
| Local government CEO or deputy CEO | Teacher |
| Local government councillor | Tribunal officer |
| Loss adjuster | Veterinarian |
| Marriage celebrant | |