



# Medical/Dental Practice Permit Application Form

*Medicines and Poisons Act 2014*



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## INSTRUCTIONS and INFORMATION

1. This application form is for a new **Medical/Dental Practice Permit** for a medical or dental practice (including private hospitals and day surgeries) to obtain medicines for the treatment of patients of the practice, a prescriber i.e. a medical practitioner, nurse practitioner or dentist must always be present when patients are attending the practice. If this is not the case, please contact the Medicines and Poisons Regulations Branch.

This application form **MUST** be completed by the nominated applicant who will be:

  - the individual permit holder or
  - a corporate officer, if the permit is being issued to a body corporate or
  - a partner, if the permit is to be issued to a partnership

The applicant must be suitably qualified and understands the requirements and terminology contained in this application form.

**All communication will ONLY be with the nominated Permit holder, corporate officer or partner.**

To request a change to an existing permit, please complete an Application to Change a Medical/Dental Practice Permit, found at: [Application forms for Licences and Permits](#)

There are five parts to this form:

Part 1: Application form for a Medical/Dental Practice Permit.

Part 2: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated applicant.

Part 3: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated responsible person.

Part 4: Payment and checklist.

Part 5: Appendices
2. **Permit holder and qualifications**

**2.1 Permits can be issued to:**

  - a) Individual applicants (medical practitioner, nurse practitioner, registered nurse or dentist only) who:
    - must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
    - must be registered with the Australian Health Practitioner Regulation Agency (AHPRA)
    - must have authority within the business to determine policies and procedures in relation to handling medicines on the Permit.
  - b) Body corporate (corporation) or partnership and:
    - each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or each partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
    - each corporate officer or partner must provide a National Police Clearance (NPC) certificate which is less than 12 months old.

**2.2 Permits issued to a corporation or partnership**

The corporation or partnership must always employ a Medical Director or Clinical Director i.e. medical practitioner, nurse practitioner or dentist registered with AHPRA, who is:

  - the most senior person responsible for provision of medical/dental services and
  - must have authority within the business to determine policies and procedures in relation to managing medicines.

**2.3 Permit holder responsibilities**

If the Permit is issued, it is the responsibility of the applicant (Permit holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Permit.

The 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.



	<p>The Permit holder should review standard operating procedures used by the organisation to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Permit. There are penalties under the Act for providing false or misleading information when applying for a Permit.</p>
<b>3.</b>	<p><b>Preferred Permit Holder</b></p> <p>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 Registered and Enrolled Nurses to administer medicines to patients. <a href="#">Information about SASAs</a> is available on the Department of Health website. It is recommended that applicants read this information before submitting their application.</p> <p><i>Only a medical practitioner can issue a SASA.</i></p> <p>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.</p>
<b>4.</b>	<p><b>Person responsible for a premises and qualifications</b></p> <p>An individual person must also be nominated to have overall responsibility for each premises included on the Permit. 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.</p> <p>The responsible person for a premises must:</p> <ul style="list-style-type: none"><li>• be employed or contracted by the Permit holder</li><li>• reside in WA</li><li>• be the Senior medical practitioner, nurse practitioner, registered nurse or dentist at the premises.</li><li>• complete Part 3: Personal Information: Identification, Fitness and Probity</li><li>• sign the declaration at Section 22.</li></ul> <p><b>4.1 Responsible person for a Permit issued to an individual person:</b></p> <p>The responsible person for a premises when a Permit is issued to an individual person can be:</p> <ol style="list-style-type: none"><li>a) the individual Permit holder, only if the Permit is issued to an individual medical practitioner, nurse practitioner, registered nurse or dentist and not a corporation or partnership <b>or</b></li><li>b) the most senior medical practitioner, nurse practitioner, registered nurse or dentist at the premises.</li></ol> <p><b>4.2 Responsible person for a Permit issued to a corporation or partnership</b></p> <p>The responsible person for a premises when a Permit is issued to a corporation or partnership can be:</p> <ol style="list-style-type: none"><li>a) the most senior medical practitioner, nurse practitioner, registered nurse or dentist at the premises, <b>or</b></li><li>b) the Medical Director or Clinical Director employed by the corporation or partnership. Refer to 2.2</li></ol> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of 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.</p>
<b>5.</b>	<p><b>Purchasing a medical/dental practice</b></p> <p>If you are purchasing an existing medical/dental practice from another medical/dental practice that has a Permit, the current Permit holder must remove this practice from their Permit by completing an Application to Change an existing Medical/Dental Practice Permit. The application to remove this practice from the other Permit must be received by the Department prior to adding this practice to your Permit. You may have to liaise with the other medical/dental practice so that the change in ownership is coordinated, this ensures the medicines stored at the practice are always covered by a Permit.</p> <p><i>The Department does not coordinate the change in Medical/Dental Practice Permits.</i></p> <p><i>It is the responsibility of the medical/dental practices to manage the change in a timely manner.</i></p>
<b>6.</b>	<p><b>Schedule 2, 3, 4 and 8 medicines</b></p> <p>The sections relating to required scheduled medicines are divided into two different sections, Sections 6 and 7 relate to storage and use of Schedule of 2,3, and 4 medicines and Section 8 relates to Schedule 8 (Controlled Drug) medicines.</p>



<b>7.</b>	<b>Required documents</b> The applicant and responsible person are required to submit copies of certain documents. 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. 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.
<b>8.</b>	<b>Signatures</b> 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.  A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling handwriting will not be accepted.  The nominated Permit holder must sign the Declaration at Section 11 for obtaining a Permit. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration.
<b>9.</b>	<b>Issuing a Permit</b> Applying for a Permit does not guarantee a Permit will be issued. An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer.  The Department assesses each application individually and may decide against issuing a Permit. If the Permit is issued: <ul style="list-style-type: none"><li>• it will expire 1 year after the date of issue,</li><li>• a renewal application will be mailed to the postal address approximately 2 months prior to expiry.<ul style="list-style-type: none"><li>○ It is the Permit holder's responsibility to inform the Department if the postal address changes.</li></ul></li></ul> If the Permit is not issued: <ul style="list-style-type: none"><li>• the applicant will be provided with details of the reasons in writing,</li><li>• the yearly Permit fee will be refunded,</li><li>• the application fee is non-refundable.</li></ul>
<b>10.</b>	<b>Processing applications</b> Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. To ensure a timely decision about your application, please: <ul style="list-style-type: none"><li>• Complete all required Sections of the application,</li><li>• <b>Attach</b> all requested documentation to the application,</li><li>• Respond to requests from the Department for additional information as soon as possible,</li><li>• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,</li><li>• Please do not submit your application as a digital image (photograph).</li></ul>
<b>11.</b>	<b>Extra information</b> When applying for a Permit please refer to the: <a href="#">Guide to applying for a Licence or Permit</a>
<b>12.</b>	<b>Submitting the application</b> Please email completed form and other requested documentation to <a href="mailto:mprb@health.wa.gov.au">mprb@health.wa.gov.au</a>
<b>Incomplete applications may be delayed or returned to the applicant</b>	

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



## PART 1: APPLICATION for a MEDICAL/DENTAL PRACTICE PERMIT

### 1. Application type

- ☐ Doctor surgery (general practice or specialist practice)\* ☐ Day surgery – including dialysis centre  
☐ Private hospital ☐ Dental surgery

\*Medical practitioner is always at the premises when the practice is open for patients to attend.

### 2. Details of applicant (nominated Permit holder)

Refer to instruction number 2, for information on the requirements for being a Permit holder.

Name of Legal Entity (may be different to business or trading name): \_\_\_\_\_

Business or trading name: \_\_\_\_\_

Type of Permit (tick which one applies):

- ☐ Individual person (on behalf of a business). Complete section 2.1 and 2.3 to 2.6  
☐ Body Corporate (corporation) or partnership. Complete Section 2.2 and 2.3 to 2.6

#### 2.1 Permit to be issued to an individual person (on behalf of a business)

Can only be issued to a medical practitioner, nurse practitioner, registered nurse or dentist- tick which one applies:

- ☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Dentist

Title: \_\_\_\_\_ Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Position in business: \_\_\_\_\_

The applicant must **complete Part 2: Personal Information: Identification, Fitness and Probity.**

#### 2.2 Corporation or partnership. Tick which one applies

- ☐ **Corporation**  
Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer **must complete Part 2: Personal Information: Identification: Fitness and Probity; and**  
2.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary)

- ☐ **Partnership**  
Each partner **must complete Part 2, Personal Information: Identification: Fitness and Probity.**

Section 2 must be completed if the Permit is to be issued to a corporation or partnership.

#### 2.3 Business/Trading name

If the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]).

2.4 **Australian Business Number:** \_\_\_\_\_

2.5 **Australian Company Number (ACN) or Australian Registered Body Number (ARBN), if applicable:** \_\_\_\_\_

#### 2.6 Registered business address of applicant:

- ☐ Same as postal address shown above or:

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_





## Part 1: Application for a Medical/Dental Practice Permit

### 3. Permits issued to a corporation or partnership

Is the applicant a corporation or partnership?

☐ No, the applicant is an individual medical practitioner, nurse practitioner, registered nurse or dentist

☐ Yes: complete Section 3.1 and 3.2

**3.1** ☐ Check to confirm the corporation or partnership always employs a Medical Director or Clinical Director i.e., a registered medical practitioner, nurse practitioner or dentist who has authority within the business to determine policies and procedures in relation to managing medicines

**3.2** Details of medical director or clinical director **employed** by the corporation or partnership.

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Health practitioner type:

☐ Medical practitioner ☐ Nurse practitioner ☐ Dentist

AHPRA registration number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

### 4. Details of private hospitals, day surgery, dental hospitals

Complete Section 4 only if the application is for a private hospital, day surgery or a dental hospital

**4.1 Is the practice/facility licensed under the *Hospital and Health Services Act 1927*?**

☐ No

☐ Yes: what type of licence does the facility have?

☐ Private hospital ☐ Day hospital: Class A (general anaesthesia) ☐ Day hospital: Class B (sedation)

☐ Day hospital C (renal) ☐ Day hospital: Class D (psychiatric day) ☐ Private nursing post

**4.2 Will medicines be stored in multiple areas at the practice/facility?**

☐ No

☐ Yes: is the overall building security in each area the same: ☐ Yes ☐ No – briefly explain the difference



## Part 1: Application for a Medical/Dental Practice Permit

### 5. Premises and building security details

Section 5 must be completed for every premises listed on the Permit.

Is this premises being bought from another medical/dental practice business? See instruction number 5.

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.

#### 5.1 Premises details

Premises name (if applicable): \_\_\_\_\_

Premises address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

#### 5.2 Person responsible for a premises

Refer to instruction number 4, for information on the requirements for being responsible for a premises

Details of nominated responsible person for the premises named in Section 5.1

Health practitioner type: ☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

The nominated responsible person **must complete Part 3: Personal Information: Identification, Fitness**

#### 5.3 Location of premises

☐ Commercial ☐ Industrial

☐ Other-please specify: \_\_\_\_\_

5.3.1 Is local government approval required to operate a Medical/Dental Practice from the premises?

☐ Yes: **attach** evidence of local government approval to operate a Medical/Dental Practice from premises.

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

#### 5.4 Building security

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 for a Medical/Dental Practice Permit

### 6. Medicines required, storage, record keeping and access

Section 6 must be completed for every premises listed on the Permit

Premises address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please check all that apply:

- ☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine  
☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: complete Section 8

#### 6.1 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines

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

- ☐ Locked room ☐ Locked cupboard

6.1.2 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

6.1.3 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.

#### 6.2 Storage area for Schedule 2,3, and 4 medicines

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

#### 6.3 Record keeping for Schedule 4 medicines

- ☐ Check to confirm records of administration and supply of Schedule 4 medicines are maintained in patients notes.  
☐ Check to confirm records of administration and supply of Schedule 4 medicines will be kept for at least 2 years

#### 6.4 Access to Schedule 2,3 and 4 medicines

- ☐ Please check to confirm that only an AHPRA registered health practitioners authorised under the *Medicines and Poisons Act 2014* to possess Schedule 2,3 and 4 medicines and employed by the Medical/Dental Practice will have unsupervised access to the medicines and keys/entry codes to storage rooms and refrigerators.

#### 6.5 Preventing access to Schedule 2,3 and 4 medicines

Please describe how non-authorised staff such as reception staff, cleaners and members of the public (including family members and children) will be prevented from having access to Schedule 2,3 and 4 medicines:

\_\_\_\_\_  
\_\_\_\_\_

#### 6.6 Loss or theft of Schedule 4 medicines

- ☐ Please check to confirm any loss or theft of Schedule 4 medicines will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](#)



## Part 1: Application for a Medical/Dental Practice Permit

### 7. Administration and supply of Schedule 2,3 and 4 medicines to patients

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

##### 7.1.1 ☐ 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)<sup>1</sup> 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<sup>1</sup>

##### 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: complete Section 7.2
- ☐ A combination of individual supply by the medical practitioner and SASAs<sup>1</sup> will be used to supply Schedule 2,3 and 4 medicines to the patient: complete Section 7.2
- ☐ Schedule 2, 3 and 4 medicines will be *supplied* to patients to take home via SASAs only: complete Section 7.2

<sup>1</sup>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

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.

##### 7.1.2 ☐ Nurse Practitioner

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

- ☐ Please check to confirm **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
- ☐ All Schedule 2,3 and 4 medicines for patients to take home will be personally *supplied* by nurse practitioner: complete Section 7.2

##### 7.1.3 ☐ Dentist

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

- ☐ Please check to confirm **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 7.2

#### 7.2 Supplying Schedule 2,3 and 4 medicines to patients

Complete Section 7.2, 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](#)

Please note: under the Medicines and Poisons Regulations 2016, S2 and S3 medicines can be administered by any person, however the medical/dental practice may have their own policy and procedures in relation to the administration of S2 and S3 medicines.



## Part 1: Application for a Medical/Dental Practice Permit

### 8. Schedule 8 medicines

Complete Section 8 for every premises listed on the Permit which will be storing Schedule 8 medicines.  
Is this premises being bought from another medical/dental practice business? See instruction number 5.

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 Schedule 8 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 8

☐ Yes: complete all of Section 8 for the first drug safe and Section 8.1 and 8.4 for every other drug safe.

#### 8.1 Required Schedule 8 medicines – please list:

Confirm address of practice: \_\_\_\_\_

8.1.1 Location of drug safe (floor number, room number/name): \_\_\_\_\_

8.1.2 Please list all required S8 medicines stored in the drug safe at the location named in Section 8.1.1

Name, strength and form of medicine	Quantity required	Number of <i>human doses</i>

8.1.3 Total number of *human doses* of Schedule 8 medicines stored in the 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

#### 8.2 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

#### 8.3 Storage for medicines in Schedule 8 (Hospitals only)

If the application is for 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 ☐ Safe



## Part 1: Application for a Medical/Dental Practice Permit

### 8.4 Number of Schedule 8 human doses and required drug safe. Complete Section 8.4 for each drug safe.

Check to confirm the number of doses calculated at 8.1.3 that will be stored in the drug safe identified in Section 8.1.1

- ☐ ≤ 250: complete Section 8.4.1  
☐ 250-500: complete Section 8.4.2  
☐ > 500: complete Section 8.4.3 and 8.4.3. a

8.4.1 ☐ ≤ 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

8.4.2 ☐ 251- 500 human doses will be stored in small drug safe and monitored by a motion detector device<sup>1</sup>

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.

8.4.3 ☐ >500 human doses will be stored in a large safe, continuously monitored by a motion detector device.

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<sup>1</sup>

Does the large safe weigh more than one tonne?

- ☐ Yes  
☐ No: check to confirm the safe is mounted on a concrete floor as per requirements listed in 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 one tonne
- location of motion detector/s in relation to the drug safe.

8.4.3. 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.

<sup>1</sup>Motion Detectors: drug safe must be covered by movement detector attached to a continuously monitored alarm system



## Part 1: Application for a Medical/Dental Practice Permit

### 8.5 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 S8 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.

### 8.6 Record keeping for Schedule 8 medicines

- a) 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: \_\_\_\_\_

- b) Which type of drug register will be used to record the receipt of and administration or supply of S8 medicines<sup>1</sup>

☐ 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<sup>1</sup>

### 8.7 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<sup>2</sup>.

☐ Check to confirm any discrepancies that have not been accounted for are reported to MPRB ASAP<sup>2</sup>

☐ Check to confirm loss / theft of S8 medicines will be reported to MPRB and the police ASAP<sup>3</sup>

### 8.8 Disposal/destruction of Schedule 8 medicines

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

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

☐ Taken to a pharmacy or hospital for disposal<sup>4</sup>

Name of pharmacy/hospital: \_\_\_\_\_

**or**

☐ Returned to wholesaler for disposal

Name of wholesaler: \_\_\_\_\_

**or**

☐ *Destroyed* at the premises, placed into a suitable clinical and related waste container, collected by a licensed clinical waste disposal service and incinerated<sup>5</sup>

Name of licensed clinical waste disposal service: \_\_\_\_\_

Please confirm the following:

☐ Schedule 8 medicines will be *destroyed* by making them unidentifiable and unusable<sup>5</sup>

☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016<sup>5,6</sup>

☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016<sup>5,6</sup>

<sup>1</sup> [Schedule 8 drug registers](#)

<sup>2</sup> [Recording of Schedule 8 transactions in an approved register](#)

<sup>3</sup> [Reporting loss or theft of medicines and poisons](#)

<sup>4</sup> Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine

<sup>5</sup> [Disposal of medicines](#)

<sup>6</sup> 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.

Section 8 continue next page





## Part 1: Application for a Medical/Dental Practice Permit

### 8.9 Administration and supply of Schedule 8 medicines to patients

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

8.9.1 ☐ **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)<sup>1</sup> 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<sup>1</sup>

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 8.10

<sup>1</sup>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.

8.9.2 ☐ **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 8.10

8.9.3 ☐ **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 8.10

### 8.10 Supplying Schedule 8 medicines to patients

Complete Section 8.10 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 for a Medical/Dental Practice Permit

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

Refer to instructions number 3. Once issued, copies of SASAs must be sent to [MPRB@health.wa.gov.au](mailto:MPRB@health.wa.gov.au)

#### 9.1 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.

#### 9.2 Terms of reference of Clinical Governance Committee: Please attach a copy of the terms of reference

### 10. Multiple premises

Will medicines be stored at multiple premises under this Permit?

☐

No

☐

Yes: complete Sections 10.1 and 10.2

#### 10.1 Will the responsible person for the other premises be the same as the individual Permit holder or a person responsible for the premises named in Section 5.1?

☐

Yes

☐

No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises.

#### 10.2 Will responses to Sections 4 and 7 for the other premises as for the premises named in Section 5.1

☐

Yes: Complete and **attach** Section 5,6 and Section 8 (if storing S8 medicines) for all other premises.

☐

No: Complete and **attach** Sections 4,5,6,7 and Section 8 (if storing S8 medicines) for all other premises.

### 11. Declaration by applicant to obtain a Permit

This declaration relates to the application itself and must be signed by the individual applicant or if the Permit is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners. Please refer to Instruction 8 for information on acceptable signatures.

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: \_\_\_\_\_

Witnessed by:

\_\_\_\_\_

(Signature of Witness)

\_\_\_\_\_

(Name of Witness)





## PART 2: PERSONAL INFORMATION: APPLICANT

**Part 2** assesses identification, fitness and probity of the Permit holder.

If the Permit holder is an individual health practitioner, all sections of Part 2 must be completed. If the Permit holder is a corporation or partnership all sections of Part 2 except Section 13 must be completed by each corporate officer or each partner.

### 12. Identification of applicant

Refer to instruction number 2, for information on the requirements for being a Permit holder.

#### 12.1 Personal Details

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

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Position in business: \_\_\_\_\_

#### 12.2 Certified true copy of a photographic identification document

**ATTACH** a certified<sup>1</sup> 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

<sup>1</sup>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).

#### 12.3 Role in relation to Permit

- ☐ The individual who will hold the Permit on behalf of the business. Complete remainder of Part 2.
- ☐ A corporate officer: only applicable if the Permit will be issued to a body corporate. Type of corporate officer:
- ☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 14,15,16 and 17 in Part 2 and **attach** a CV<sup>1</sup>

- ☐ A partner: only applicable if the Permit will be issued to a partnership

Complete Sections 14,15,16 and 17 in Part 2 and **attach** a CV<sup>1</sup>

<sup>1</sup>The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

### 13. Qualifications of applicant applying as an individual person

Complete this section if you are a medical practitioner or nurse practitioner applying for a Permit on behalf of a business. Do not complete this section, if the Permit is being issued to a corporation or partnership.

Refer to instruction number 2 for information on the requirements for being an individual Permit holder.

Individual applicant can be a medical practitioner, nurse practitioner, registered nurse or dentist – tick which one applies:

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Dentist

AHPRA registration number: \_\_\_\_\_ Registration expiry date: \_\_\_\_\_

**13.1 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.

#### 13.2 Access to medicines and authority within the business

- ☐ Please check to confirm you will always have access to the medicines stored at the premises
- ☐ Please check to confirm you will have authority within the Medical/Dental Practice to determine policies and procedures in relation to managing the medicines listed on the Permit.



## Part 2: Personal Information: Applicant

### 14. Prior licences/permits for medicines/poisons held by applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner.

- 14.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, 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 Licence or Permit 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:

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- 14.2** 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 Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in:

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### 15. Criminal check for applicant

- 15.1** **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

- 15.2** **Indictable offences<sup>1</sup>**

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<sup>1</sup> 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<sup>1</sup> 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.

<sup>1</sup> Minor traffic offences are not classified as indictable offences



## Part 2: Personal Information: Applicant

### 16. Financial resources of applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner.

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

☐ No

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

**16.2** 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

### 17. Declaration by applicant

This declaration must be signed by the applicant: individual medical practitioner or nurse practitioner, each corporate officer or each partner) and includes probity check consent.

Please refer to Instruction 8 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 for the safe storage and use of 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 am no longer employed by the Medical/Dental Practice, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership).

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_



## PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON

**Part 3** must be completed by the responsible person and assesses identification, fitness and probity.

### 18. Identification of 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 4, for information on the requirements for being responsible for a premises.

**18.1** Will the individual applicant applying to be Permit holder, also be responsible for the premises named in Section 5.1?

☐ Yes: Confirm name: Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_

There is no requirement to complete Part 3

☐ No: complete remainder of Part 3.

### 18.2 Personal Details of responsible person

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

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Position in business: \_\_\_\_\_

### 18.3 Certified true copy of a photographic identification document

**ATTACH** a certified <sup>1</sup> 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.

<sup>1</sup> 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).

### 19. Qualifications of person responsible for a premises

#### 19.1 Qualifications of responsible person

☐ Medical practitioner ☐ Nurse Practitioner ☐ Registered Nurse ☐ Dentist

**19.2 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: Responsible Person

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

**20.1** 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 Licence or permit 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:

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**20.2** 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:

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#### 21. Criminal check for responsible person

**21.1** 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

**21.2** Indictable offences

Have you been convicted of or are there charges pending for indictable<sup>1</sup> 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

<sup>1</sup> Minor traffic offences are not classified as indictable offences



### Part 3: Personal Information: Responsible Person

#### 22. Declaration by nominated responsible person

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

Please refer to Instruction 8 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 a 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

### 23. Payment

**Fee: \$392**

Comprising a non-refundable application fee of \$225 and 1 year Permit fee of \$167.  
Permit fee will only be refunded if the Permit is not issued.

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

Card type: ☐ MasterCard ☐ Visa

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Amount: **\$392**

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

2. ☐ Direct debit to bank

**Please quote applicant's name or business name in the reference**

Bank: Commonwealth Bank: **BSB: 066 040** **Account number: 13300018** Amount: **\$392**

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](mailto:mprb@health.wa.gov.au)





## PART 4: PAYMENT and CHECKLIST

### 24. Checklist

Please ensure all the appropriate requested documentation is attached for:

#### Part 1 Application for a Medical/Dental Practice Permit

- ☐ If the Permit is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 2.2.1)
- ☐ If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 2.3)
- ☐ Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person if different from the Permit holder (Section 5.2)
- ☐ If applicable, evidence of local government approval to operate a medical/dental practice from the premises (5.3.1)
- ☐ If storing Schedule 8 medicines, photos of safe etc as required in Section 8.4
- ☐ 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 8.4.3.a)
- ☐ If SASAs are issued, a copy of the terms of reference of the Clinical Governance Committee (Section 9.2)
- ☐ Copy of relevant sections if there are multiple premises (Section 10)
- ☐ Declaration signed and dated by applicant (nominated Permit holder) and witnessed (Section 11)

#### Part 2: Personal information, fitness and probity for applicant (nominated Permit holder) i.e. Individual applicant, each corporate officer or each partner

- ☐ Copy of photographic identification which must be certified as a true copy (Section 12.2). See Appendix C for a list of persons authorised to certify a true copy.
- ☐ If the applicant is a corporation or partnership, attach a CV and copies of qualifications for each corporate officer or partner (Section 12.3)
- ☐ If the applicant is an individual person, attach a copy of the medical practitioner, nurse practitioner, registered nurse or dentist'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 13.1)
- ☐ 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 15.1)
- ☐ If the applicant 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 registration, attach a Statutory Declaration relating to the offence (Section 15.2. a)
- ☐ If the applicant is a corporation or partnership, attach a copy of the NPC for each corporate officer or partner which is less than 12 months old (Section 15.2.b i)
- ☐ If the applicant is a corporation/partnership and a corporate officer/partner has been convicted of, or there are charges pending for an indictable offence since the date on their NPC, attach a Statutory Declaration relating to the offence (Section 15.2.b ii)
- ☐ Declaration about personal information of applicant signed by applicant (Section 17)

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

- ☐ Copy of photographic identification which must be certified as a true copy. (Section 18.3)  
See Appendix C for a list of persons authorised to certify a true copy.
- ☐ Copy of 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 19.2)
- ☐ 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 21.1)
- ☐ If the responsible person has been convicted of or there are charges pending for an indictable offence since they last renewed their registration, attach a Statutory Declaration relating to the offence (Section 21.2)
- ☐ Declaration about personal information of responsible person signed and dated (Section 22)

#### Part 4: Payment and Checklist

- ☐ Payment details completed with correct signature **if** paying by credit card (Section 23)



## **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
<b>Cabinet/body</b>	Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  All joints must be continuously welded
<b>Door</b>	Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed  Hinge system must be a system that does not allow the door to be opened if the hinge is removed
<b>Lock</b>	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
<b>Mounting</b>	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  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**

	<b>Requirements</b>
<b>Cabinet/body</b>	Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick All joints must be continuously welded
<b>Door</b>	Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed Hinge system must be a system that does not allow the door to be opened if the hinge is removed Must be secured with at least 2 locking bolts of at least 32 mm diameter
<b>Lock</b>	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
<b>Mounting</b>	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
<b>Installation</b>	Must be installed by a person licensed under the <i>Security and Related Activities (Control) Act 1996</i> to install safes
<b>Weight</b>	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	Veterinary surgeon
Marriage celebrant	