



Application for oral examination (practice) or oral examination (pharmacy law and ethics) Profession: Pharmacy

Section 52(1)(b)(ii) of the Health Practitioner Regulation National Law (the National Law)



This form **should not** be used by pharmacy interns applying for the oral examination (practice) or the written examination. Pharmacy interns should use the form *Application for a pharmacy intern to be a candidate for an oral examination (practice) – APOE-60*.

This application may be used by Australian Pharmacy Council (APC) Stream B candidates and pharmacists returning to practice or applying to change their registration status, who are required to sit an oral examination (practice) and/or an oral examination (pharmacy law and ethics), as determined by the Board.

It is important that you refer to the Pharmacy Board of Australia's (the Board) registration standards, codes and guidelines and the *Oral examination candidate guide* when completing the form. Registration standards, codes and guidelines and the *Oral examination candidate guide* can be found at www.pharmacyboard.gov.au

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- **DO NOT send original documents.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details



The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name and birth details?



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

Title*

MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /

Country of birth

2. What is your Ahpra registration number?

Ahpra registration number



SECTION B: Contact information



Once registered, you can change your contact information at any time.
Please go to www.ahpra.gov.au/login to change your contact details using your online account.

3. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

4. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

Country (if other than Australia)

5. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

YES

NO *Provide your Australian principal place of practice below*

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT) **Postcode***



6. What is your mailing address?

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

i Your mailing address is used for postal correspondence

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

_____ _____

Country (if other than Australia)

SECTION C: Oral examination

7. What type of oral examination will you undertake?

Mark the type of oral examination

Pharmacy law and ethics Practice

8. What is the date of the oral examination (if already advised by Ahpra officer)?

Date

/ /

9. In which state office are you seeking to undertake this oral examination?

State/Territory

VIC NSW QLD SA WA NT TAS ACT



SECTION D: Payment

Payment amount:

\$225

Applicants **must** pay 100% of the stated fee at the time of submitting the application.

10. Please complete the credit/debit card payment slip below.



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload. You may contact Ahpra on 1300 419 495

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

Name on card

Cardholder's signature

SIGN HERE