



Application for a pharmacy intern to be a candidate for an oral examination (practice)

Profession: **Pharmacy**

Section 52 of the Health Practitioner Regulation National Law (the National Law)

The oral examination (practice) together with the written examination, form the Pharmacy Board of Australia (the Board) registration examination for general registration.

This form is for pharmacy interns holding provisional registration who are seeking to undertake the oral examination (practice).

To apply for the written examination please refer to the Australian Pharmacy Council (APC) website at www.pharmacycouncil.org.au.

Additional information in relation to the registration examination can be found on the Board's website at www.pharmacyboard.gov.au/Registration/Internships

Only applicants who meet the following oral examination (practice) eligibility criteria are eligible to undertake the examination:

- the applicant will have completed 75% of the approved supervised practice hours required for registration* prior to the **commencement date of the scheduled oral examination (practice) period**.

*The number of approved supervised practice hours required for registration is 1,824 hours (or the period of supervised practice approved by the Board for interns affected by circumstances such as the COVID-19 pandemic).

Eligible candidates will be randomly allocated a time and date for their oral examination (practice), which will be detailed on their examination timetable. The timetable will also specify the details of the examination venue and an individual candidate number, and will be sent to the email address nominated with Ahpra.

The number of sessions and examination days will be finalised after the oral examination (practice) application closing date, once the number of enrolled candidates is confirmed.

Candidates will receive further details from Ahpra if any changes to the examination procedures are deemed necessary due to circumstances such as the COVID-19 pandemic.

This application with payment of the fee, must be received by the Australian Health Practitioner Regulation Agency (Ahpra) by the application closing date published on the Board's website at www.pharmacyboard.gov.au/Registration/Internships

Applications received after the closing date will not be accepted.

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



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

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**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **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?

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

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. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your Ahpra registration number?

Ahpra registration number*

SECTION B: Contact information



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 is your residential address?

If you are not currently practising, or 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)



4. What is your mailing address?

My residential address

Your mailing address is used for postal correspondence

Other (*Provide your mailing address below*)

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)

City/Suburb/Town

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

Country (if other than Australia)

5. 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

SECTION C: Oral examination (practice) details

You should apply to sit the oral examination (practice) in the jurisdiction where you undertook your supervised practice. You may apply to sit one oral examination (practice) only with this application, and it should be the next available oral examination (practice) period in that jurisdiction.

For the schedule of oral examinations (practice) and commencement dates of the examination period, refer to the Board’s website at www.pharmacyboard.gov.au/Registration/Internships/Schedule-of-Oral-Examinations

6. Which state/territory did you undertake your supervised practice?

State/Territory

VIC NSW QLD SA WA NT TAS ACT

7. Please indicate which scheduled oral examination (practice) you wish to apply to undertake:

Schedule

February/March
 June/July
 October/November

In the following jurisdiction:

VIC NSW QLD SA
WA NT TAS ACT



SECTION D: Supervised hours completed

i Applicants are required to calculate the number of supervised practice hours they expect to complete prior to the oral examination (practice) and sign the attached declaration. All hours must have been completed in accordance with the Board's *Registration standard: Supervised practice arrangements* and any changes made by the Board in response to circumstances such as the COVID-19 situation.

8. What is the number of supervised practice hours you expect to complete prior to the scheduled commencement date of the oral examination (practice) period?

i To be eligible to undertake the oral examination (practice), an intern must have completed **75% of the approved supervised practice hours* required for registration** prior to the commencement date of the oral examination (practice) period. The commencement date can be found at www.pharmacyboard.gov.au/Registration/Internships/Schedule-of-Oral-Examinations.

*The number of approved supervised practice hours required for registration is 1,824 hours (or the period of supervised practice approved by the Board for interns affected by circumstances such as the COVID-19 pandemic).

Supervised practice hours

9. What percentage of Board approved supervised practice hours do you anticipate you will have completed prior to the scheduled commencement date of the oral examination (practice) period?

Percentage

10. Will you have completed at least 75% of the Board approved supervised practice hours prior to the commencement date of the scheduled oral examination (practice) period?

YES NO

STOP You are not eligible to lodge this application.

SECTION E: Consent

! **Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

I acknowledge that as an enrolled candidate expecting to complete the minimum 75% of the approved supervised practice hours prior to the commencement date of the examinations, I am required to contact the Ahpra examinations officer immediately and prior to my scheduled examination if I do not meet this requirement.

I confirm that I have read the privacy and confidentiality statement for this form.

I acknowledge that:

- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct
- I am the person named in this application and in the documents provided.

I make this declaration conscientiously believing that the same to be true and by virtue of the provisions of an Act of the Parliament rendering persons making a false declaration punishable for wilful and corrupt perjury.

I am aware that personal information I provide may be given to a third party for regulatory purposes, consistent with the National Law.


| | |
|--|---|
| Name of applicant/registrant <input type="text"/> | Signature of applicant/registrant <input type="text" value="SIGN HERE"/> |
| Date <input type="text" value="DD / MM / YYYY"/> | |



SECTION F: Payment

You are required to pay an application fee.

| | | | | |
|-------------------------|--------------|---|--|--------------|
| Application fee: | \$415 | = | Amount payable: | \$415 |
| | | | Applicants must pay 100% of the stated fee at the time of submitting the application. | |

 **Refund rules**
The application fee is non-refundable.

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

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

Name on card

Cardholder's signature


SIGN HERE



SECTION G: Checklist

Have the following items been attached or arranged, if required?

| <i>Additional documentation</i> | | Attached |
|---------------------------------|---|--------------------------|
| Question 1 | Evidence of a change of name | <input type="checkbox"/> |
| <i>Payment</i> | | |
| | Application fee | <input type="checkbox"/> |
| | If paying by cheque/money order/bank draft, your name and registration number are written on the back | <input type="checkbox"/> |

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

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

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.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.