

# Application for Endorsement as an Authorised Health Professional under Section 25C of the Poisons Act 1971 (Pharmacist UTI Prescribing Pilot 2024)

Personal Details		
Full Name:		
AHPRA Registration Number:		
Postal Address:		
Suburb:	State:	Postcode:
Email Address: <i>Please Note: This is our first preference to contact you.</i>		
Mobile:		

Mandatory Requirements for Authorisation Statement	
Name of Course Provider:	Date Course Completed:
<b>Please answer Yes or No to the following questions</b>	
Evidence of successful course completion is attached (completion certificate or similar)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read, understand and am able to safely and effectively apply the Tasmanian Protocol for Management of Urinary Tract Infections (the Protocol) published by the Department of Health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My current AHPRA registration is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have appropriate professional indemnity insurance arrangements in place? <i>It is the Health Professional's responsibility to understand the nature of that cover.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will only provide consultations within pharmacy premises that are approved by the Department of Health to provide these services for the period of the Pilot.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently subject to any practice restrictions, conditions, undertakings or reprimands imposed by the Pharmacy Board of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: .....

Date: .....

Please forward your documentation to the Pharmacy Scope of Practice team at:

Email: [pharmacyscope@health.tas.gov.au](mailto:pharmacyscope@health.tas.gov.au)