



Home Medicines Review

Section 90 pharmacy notification of accredited pharmacists

Important information

Approved Home Medicines Review (HMR) service providers who are Section 90 pharmacies need to complete this form to show the details of the accredited pharmacist(s) conducting HMR services on their behalf.

Assistance

If you need assistance completing this form call **08 8274 9641** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement

Send the completed form to:

**Community Pharmacy Agreement Officer
Pharmaceutical Benefits Branch
Medicare Australia
PO Box 9826
ADELAIDE SA 5001**

or fax to: **08 8274 9373**

Print in **BLOCK LETTERS**

Tick where applicable

Pharmacy details

1 Section 90 approval number

2 Pharmacy name

Accredited pharmacist details

3 I have attached a copy of the accreditation certificate for each accredited pharmacist listed.

Pharmacist one details

Family name

First given name

National Australian Health Practitioner Regulation Authority (AHPRA) registration number

Accreditation number

Start date of accreditation

 / /

Expiry date of accreditation

 / /

Date commencing services with service provider

 / /

Date ceasing services with service provider

 / /

Pharmacist two details

Family name

First given name

National AHPRA registration number

Accreditation number

Start date of accreditation

 / /

Expiry date of accreditation

 / /


Date commencing services with service provider


 / /

Date ceasing services with service provider

 / /

Pharmacist three details

Family name	<input type="text"/>
First given name	<input type="text"/>
National AHPRA registration number	<input type="text"/>
Accreditation number	<input type="text"/>
Start date of accreditation	<input type="text" value="/ /"/>
Expiry date of accreditation	<input type="text" value="/ /"/>
Date commencing services with service provider	<input type="text" value="/ /"/>
Date ceasing services with service provider	<input type="text" value="/ /"/>
 If more than three pharmacist details are required attach a separate sheet with details.	

Owner three's full name	<input type="text"/>
Owner three's signature	<input type="text" value=""/>
Date	<input type="text" value="/ /"/>
 If more than three owners are required attach a separate sheet with details.	

Privacy note

The information collected on this form will be used to assess your eligibility to provide services for HMR programs. Its collection is authorised by the *Medicare Australia Act 1973* and it may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, or as authorised or required by law.

Declaration

4 All owners of the Section 90 pharmacy must sign this page.

I/We understand that:

- we are required to attach a copy of the accreditation certificate for each accredited pharmacist listed
- we are required to attach a separate sheet to advise of any additional information which does not fit on this form
- giving false or misleading information is a criminal offence.

I/We declare that:

- the information on this form is correct.

Owner one's full name	<input type="text"/>
Owner one's signature	<input type="text" value=""/>
Date	<input type="text" value="/ /"/>
Owner two's full name	<input type="text"/>
Owner two's signature	<input type="text" value=""/>
Date	<input type="text" value="/ /"/>