

Guidance notes for completion of an Application for a Licence to Operate Pharmacy

Please read these notes before completing this form

What form do I use?

FORM 1A to be completed for pharmacies owned by a company.

FORM 1B to be completed for pharmacies owned by an individual, a partnership, a District Health Board or a United Friendly Society.

Why do I need to submit a completed application form?

A Licence to Operate Pharmacy is valid for one year from the date of issue. A new application for a Licence must be submitted each year, at least one month prior to the expiry of your current licence. The application is a statutory declaration that the information supplied is current and correct.

When do I have to submit my application form?

You are required to apply for a licence **no later than one month before the expiry date of your existing licence**. This allows your current licence to remain in force while the Licensing Authority considers your new application.

When do I need to notify the Licensing Authority of changes to my details?

Prior to any intended changes made to your details, including but not limited to:

- Change in Company name
- Restructure of the Company
- Changes to the Board of Directors
- Changes to the trading name of the pharmacy
- Change of any responsible person(s)
- Changes to the pharmacy site or proposed relocation

What is the company address?

This is the address you have registered with the Companies Office. You should also include your pharmacy postal address in this section if you wish to have your licence and correspondence sent there.

Who should I nominate as a responsible person?

The pharmacist(s) who owns the majority shareholding in the pharmacy must be nominated as a Responsible Person(s).

If pharmacist(s) own more than one (1) pharmacy they must nominate a pharmacist who is in-charge of the day-to-day running of each pharmacy as well as themselves. The responsible person(s) full name, date of birth and position must be listed.

A responsible person includes:

- pharmacist(s) who own the majority share capital of the pharmacy
- pharmacist(s) who are permanent managers
- pharmacist(s) who manage the dispensary
- non-pharmacist(s) who hold a managerial overview and responsibility

Mortgagee in possession

For the purposes of this application a **mortgagee in possession** has the same meaning as in section 2 of the Property Law Act 1952.

This section is not asking whether you have a mortgage. This section only applies if the licence holder has defaulted on a mortgage and the mortgagee has entered into and is in possession of the mortgaged property.

How do I describe my pharmacy site?

The description must be specific and include the area(s) the pharmacy occupies. This is the area that will be licensed as the pharmacy. You may need to refer to your lease or council information for site details. This may include:

- Occupies entire site of stand-alone, single level premise
- Floor occupied of multi-story building (*e.g ground floor*)
- The area of a building that the pharmacy occupies expressed in square metres (*e.g 97 sq m*)
- The orientation of the area occupied in the building (*e.g north-west side of the building*)
- The shop number in a shopping complex (*e.g Shop 10B Chelsea Mall*)
- The legal description from the title documents (from lease or City Council) (*e.g Lot 2235 or DP186*)
- The room number(s) in a hospital complex (*e.g Rooms 345 and 346*)

Who holds an interest in my pharmacy?

List all shareholders, their addresses and the number of shares they hold. Please specify any different classes of shares, minority shareholders including Family Trusts, companies and shares jointly held. This will be checked against the information on the Companies Office records.

Practices and procedures for pharmacists working in a pharmacy

You must **describe** the practices in the pharmacy that will ensure any pharmacists employed there, will not be required to undertake any action that breaches their ethical or professional standards. This could include references to the:

- Pharmacy Code of Ethics
- Professional standards of pharmacy practice as promulgated by the profession
- Code of Health and Disability Services Consumers' Rights
- Health Information Privacy Code
- Pharmacy Service Agreement.

If you refer to any protocols from the pharmacy, please attach a copy to the application form.

Who can act as a witness?

A witness must not:

- Be a relative or part of the family group, of the applicant
- Be a wife, husband, de facto, partner or civil union partner of the applicant
- Live at the same address as the applicant.

A witness must be from one of the following groups:

- Lawyer • Police Officer • Justice of the Peace • District Court Official • High Court Official

All sections of the application form must be completed for your application to be considered.

For further information about the licensing process please contact:

Licensing Authority
Pharmacy Licensing
PO Box 5013
Wellington

Phone 04 496 2579 **Fax** 04 496 2229

Application forms can be downloaded from our website:
www.medsafe.govt.nz/Profs/PharmLicence