

Electronic Special Authority (ESA) - Registration of Interest

The Ministry of Health require the following details for any practitioner requiring access to the ESA system.

Please fill in the fields below and submit via email for processing to:

onlinehelpdesk@health.govt.nz

A valid digital certificate is required for access to the ESA system. Please ensure the digital certificate has been organised prior to submitting your request.

Requests for Electronic Special Authority access are subject to a 10 Working Day processing window from the day your application is received.

Please note the reference number received via automatic reply to your application.

Your Reference Number will be in the following format: **MOH-1234567**

Your Full Name
Your Registration / Council Number
Name of Hospital / Practice
ESA Practice ID / Perorg Number
<small>This belongs to your hospital or practice and is usually a 6-digit number. If you do not know this, you may leave this field blank.</small>
Address of Hospital / Practice
Your Contact Phone Number
Your Work Email Address
<small>For hospital-based applicants, please provide your DHB email address where possible.</small>

If you require further assistance with Electronic Special Authority (ESA), please contact the Online helpdesk at onlinehelpdesk@health.govt.nz or call us on 0800 855 066, selecting the option for Online.

Audit of Special Authority Applications

Welcome to the Electronic Special Authority application system.

As a user of the Electronic Special Authority application system, your applications may be audited against the application criteria set out in the Pharmaceutical Schedule.

All audits will be carried out by Audit & Compliance, Ministry of Health, and will be completed in accordance with the agreed protocols between the Ministry of Health and the New Zealand Medical Association (NZMA) or between the District Health Boards (DHBs) and Primary Health Organisations (PHOs).

The review of patients' clinical notes will be carried out by a doctor contracted to Audit & Compliance.

Please sign below and return to the Ministry of Health. When we have received the signed form, and all other required access is signed off, we will be able to register you as an approved user of the system.

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PLEASE NOTE: ONLY HAND-SIGNED APPLICATIONS WILL BE ACCEPTED.

Full Name: _____ **Registration Number:** _____

Organisation Name: _____

By signing below, you confirm that you understand any applications made using the Electronic Special Authority (ESA) system may be subject to audit.

Signature: _____ **Date:** _____

Please submit all completed requests via email: onlinehelpdesk@health.govt.nz