

Guidance notes for completion of an Application Form 1A for a Licence to Operate Pharmacy



Please read these notes before completing this form Form 1A to be completed for pharmacies owned by a company

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; therefore a new application for a Licence must be submitted each year if you wish to continue operating a pharmacy. The application has a statutory declaration that the information supplied is current and correct.

When do I have to submit my application form?

To ensure that you do not operate with an expired licence, make sure your application is received **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. **All sections of the application form must be completed and payment received for your application to be considered.**

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 changes to the:

- Company Name
- Structure of the Company
- Board of Directors
- Pharmacy trading name
- Nominated responsible person(s)
- Pharmacy site description or proposed relocation
- Company operating documents

Who should I nominate as a responsible person?

- 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

If the pharmacist(s) owns 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.

Is there an interest held by prescribers?

This asks if there are prescribers who hold an interest in the pharmacy. This could include direct and indirect shareholder, director, trustees in a trust holding a shareholding in the company, any commercial agreements between the pharmacy and a medical clinic for instance that may include, but is not limited to, profit sharing agreements, key money, and land rental agreements where the rental is calculated on a percentage of turnover or similar formula.

Mortgagee in possession

For the purpose of this application a mortgagee in possession has the same meaning as in section 2 of the Property Law Act 2007.

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?

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 a multi-story building (e.g ground floor)
- The area of the building that the pharmacy occupies expressed in square metres (e.g 97sqm)
- 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 of 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 held. Please specify any different classes of shares and the right attached to those 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 pharmacist 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

For further information about the licensing process please contact:

Licensing Authority
Pharmacy Licensing
PO Box 5013
Wellington

Email pharmacylicence@moh.govt.nz Phone 04 496 2579 · Fax 04 496 2343

Application forms can be downloaded from our website:
www.moh.govt.nz/medicinescontrol