



Application for Approval as an Intern Training Site

It is expected that an Intern Training Site offers a comprehensive range of pharmacy services, maintains resources in excess of the minimum required by pharmacy service standards and has supportive and well trained staff. The site enables the intern to develop their skills by supporting them to participate in the full range of services offered.

Please complete and email to evolve@psnz.org.nz

Please include with this application a copy of your current pharmacy license.

All information provided will be kept confidential and will only be used for the purpose of approving pharmacies as Intern Training Sites.

A list of approved sites will be available on the members only section of the PSNZ website.

Date of Application: _____

Name and Position of Person completing this Application:

Company Name: _____

Trading Name: _____

Address of Site: _____

Phone Number: _____

Pharmacy Email: _____

Owner of Pharmacy: _____



Is this application for a new pharmacy: **Y/N**

If a new pharmacy, when did your pharmacy open: _____

Is this application due to a change in ownership: **Y/N**

If so, what date did the new owner take over: _____

How many interns will be in training at the site in the coming year: _____

How many technicians will be in training at the site in the coming year: _____

Quality Intern Training Sites offer a broad range of clinical services. Please indicate which services are provided by your Pharmacy:

- | | |
|--|--|
| <input type="checkbox"/> Medicines Use Review (MUR) | <input type="checkbox"/> BP Monitoring |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> ECP | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Trimethoprim | |
| <input type="checkbox"/> CPAMs | |
| <input type="checkbox"/> Other Clinical Services (please specify): | |

Quality Intern Training sites offer opportunities for inter-professional collaboration. Which other health professionals will your intern have the opportunity to interact with?



Declaration:

- This pharmacy does not have any licensing conditions imposed by Medicines Control.
- All dispensary staff are qualified or enrolled in relevant training.
- I have read the Quality Standards for Intern Training and confirm that this pharmacy complies with Standard 5.
- I acknowledge that the intern has the right to lay a complaint with EVOLVE if they believe that the pharmacy is not complying with Standard 5 of the Quality Standards for Intern Training.
- I acknowledge that if a complaint is received about the site then EVOLVE may implement a monitoring process.
- I acknowledge that should EVOLVE become aware of any discipline cases or series of minor complaints involving the pharmacy that approval may be revoked.
- If at any time this pharmacy does not meet the requirements for training an intern we will notify EVOLVE immediately.

I declare that the above information I have supplied is true and accurate:

Signed: _____

Date: _____

Thank you for your application