Application for Approval as an Intern Site

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

Declaration:

- ☐ I declare that this pharmacy does not have any licensing conditions imposed by Medicines Control.
- ☐ I declare that the proprietor (owner/manager) of this pharmacy maintains either Pharmacy Defence Association (PDA) membership cover or equivalent professional indemnity insurance.
- ☐ I declare that all dispensary staff are qualified or enrolled in relevant training.
- ☐ I have read the **PSNZ Quality Standards for Intern Training** and confirm that this pharmacy complies with Standard 5 (click here to access a copy of the standards).
- ☐ 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 **PSNZ 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.
- ☐ I will notify EVOLVE immediately if this pharmacy does not meet the requirements for training an intern at any time.
- ☐ I declare this pharmacy has been operating for more than 12 months.
- ☐ **I have included a current copy of the pharmacy license with this application.** I acknowledge my application will not be processed without all relevant information.

Applicant details:

Applicant Name: _____ Applicant Position: _____

Pharmacy Trading Name: _____

Company Name: _____

Physical Address: _____

_____

Phone Number: _____

Pharmacy Email: _____

Name of Pharmacy Owner: _____

Has this pharmacy previously taken interns: ☐ **Yes** ☐ **No**

How long has this pharmacy been open: _____

Is this application due to a change in ownership: ☐ **Yes** ☐ **No**

If yes, 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 comprehensive range of pharmacy services, maintain resources in excess of the minimum required by pharmacy service standards, have supportive and well-trained staff, and offer opportunities for inter-professional collaboration. The site will enable the intern to develop their skills by supporting them to participate in the full range of services offered.

Please indicate which services are provided by your Pharmacy:

☐ Medicines Use Review (MUR)	☐ BP Monitoring	☐ Methadone
☐ Vaccinations	☐ ECP	☐ Smoking Cessation
☐ Trimethoprim	☐ CPAMs	☐ Clozapine

☐ Other (please specify): _____

_____

Which other health professionals will your intern have the opportunity to interact with?

_____

_____

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

Signed: _____ Date: _____

A list of approved sites will be available for PSNZ members (including student members) on the PSNZ EVOLVE Intern Training website

Once completed, please email this application and a current copy of the pharmacy license to:
evolve@psnz.org.nz

Thank you for your application