



Application to be accredited by SHPA to perform medication management reviews

Pharmacists who wish to apply to be accredited by SHPA to perform medication management reviews should read the [Accreditation Process for Medication Management Reviews FACT SHEET](#) and then complete and submit this form with all required documentation to shpa@shpa.org.au.

YOUR DETAILS

Name: _____

Address: _____

Email: _____

Telephone: _____ SHPA Membership number: _____

Qualifications: _____

YOUR CREDENTIAL

- Certification as a Board of Pharmacy Specialties (BPS) Board Certified Geriatric Pharmacist (BCGP)
- Certification as a BPS Board Certified Pharmacotherapy Specialist® (BCPS)

DOCUMENTS YOU NEED TO SEND

Please send the following documents with your application

- A copy of your certificate as evidence of your credential.
- A copy of your current Pharmacy Board of Australia registration certificate.
- Evidence of at least TWO years of practice as a pharmacist (not including internship) in the form of a letter from your employer or a statutory declaration.
- Your CPD learning plan and record for the previous CPD year showing evidence of completion of at least 60 CPD credits, of which at least 50 credits are for Group 2 or Group 3 CPD.

DECLARATION

I _____ declare that, once accredited to perform MMRs, I intend to complete all MMR re-accreditation requirements including

- Maintaining my BCGP or BCPS certification.
- Continuing registration as a pharmacist in Australia
- Participating in CPD activities relevant to my scope of practice as an accredited pharmacist (at least 60 CPD credits per year, of which at least 50 credits are for Group 2 or Group 3 CPD).

PAYMENT

The fees for initial accreditation are

- SHPA members \$280 (incl. GST)
- Non-members \$390 (incl. GST)

Visa MasterCard

Card No:

Expiry date: ____/____ CVC: _____

Amount: \$ _____

Cardholder's name: _____

Signature: _____

PRIVACY

SHPA will handle your information in line with its privacy policy. SHPA will also provide your details to the administrator of MMR programs to facilitate payments.

I agree to SHPA providing my information, including name, email and accreditation status to the administrator of MMR programs for the purposes of facilitating payments.

I agree to having my information, including name, telephone number and email added to the SHPA list of accredited pharmacists on the SHPA website.

Disclaimer

- The SHPA assumes, in good faith, that the information (including CPD data), provided by the applicant is accurate. It is the responsibility of the applicant to ensure the integrity of the information submitted.
- The SHPA will make a reasonable attempt to ensure that the CPD records submitted are clear and conform to the requirements of accreditation. The applicant may be asked to provide additional clarifications/details about the CPD activities listed.

