



APPLICATION FOR AUTHORISATION TO PRESCRIBE AND/OR SUPPLY MEDICATION

I hereby apply to the Nurses Board of South Australia (nbsa) pursuant to the *Nurses Act 1999* for:

Authorisation to prescribe medication as per the attached documentation Yes No

Authorisation to supply medication as per the attached documentation Yes No

SECTION 1 : PERSONAL DETAILS

Family Name: _____ Given Names: _____

Date of Birth: _____ (day/month/year) Registration Number: _____

Postal address: _____

Phone Number:(Wk) _____ Phone Number (Hm) _____ Fax (Wk) _____ (Hm) _____ Email: _____

Pager Number: _____ Mobile _____

Practice Band: _____ Special Practice Area: _____

SECTION 2 : PHARMACY DETAILS

Please supply contact details of the pharmacy where information regarding your prescribing rights is to be forwarded:

Name and title of contact person: _____

Name and address of organisation: _____

Phone: _____ Fax: _____ Dx: _____

Email: _____

SECTION 3 : SELF DECLARATION

I declare that the appended documents provided by me in support of my application are authentic originals or accurate copies and do not contain any false or misleading information.

Signature of applicant _____ Date _____

07/ Sept07