



Application for Authority to Possess and Administer Drugs by Private Paramedics in NSW

Poisons and Therapeutic Goods Regulation 2008

Information for Applicants:

- Eligible applications are generally processed within 30 business days of receiving all required information.
- An application for a licence to supply drugs in Schedule 2, 3, 4 and/or 8 of the NSW Poisons List may also need to be lodged to enable drugs to be supplied to paramedics employed by your company. An application form can be downloaded from the Internet at https://www.health.nsw.gov.au/Hospitals/privatehealth/Pages/app-forms-licences-ptga.aspx

1. Details of applicant or officer of applicant business				
Applicant Name:				
Pos	Position:			
Соі	Company Name:			
Trading As:				
ABN/ACN:				
Address:				
Suburb/Town:		Postcode:		
Telephone: Fax:		Email:		
2. Documents to be included with this application				
A.	Details of the members of the medical advisory panel which oversees and approves the clinical protocols and training programs for your company, including their qualifications and professional roles.			
	Note: The medical practitioner who signs off on the clin medicine and registered to practise in Australia.	ical protocols must be a qualified specialist in emergency		
В.	The clinical protocols for the identification/diagnosis and treatments for the emergency prescribing and administration scenarios for the drugs requested by your company (Pain Management, Acute Sedation, Acute Coronary Syndrome).			
C.	Your proposed program for paramedic accreditation and re-accreditation on the identification/diagnosis and treatments for the medical scenarios for prescribing and treatments (Pain Management, Acute Sedation, Acute Coronary Syndrome), and the name and contact details of the professional officer at the company who issues the certification of accreditation/re-accreditation.			
D.	The protocols for patient handover both to from the car	e of your company.		
E.	Your company's program for reviewing clinical protocol resulting in an adverse patient outcome.	s, training and accreditation in the event of an incident		



Commission a. b.	 iny extract (certificate of incorporation) obtai (ASIC) is required that shows the following: the address of the registered office of the control the full name, date and place of birth, reside each current director of the corporation the principal executive officer of the control the secretary or, if there is more than on 	ntial address and position of: , poration,	
an applicant licence. An CrimTra NSW Bu NSW Pc Any oth to Crim	or each officer of the organisation (as define NPC issued within the last three years must b ic if you do more than 500 checks per three ye lisiness Link, or lice if you do more than 150 checks per annu er accredited agencies or private brokers, wh Trac's list of accredited brokers at: imtrac.gov.au/documents/AccreditedAgencie	ears (www.crimtrac.gov.au), or m, or ich you can find by searching the internet or referring	
H. Details of th	e substances to be possessed or used.		
In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate.			
The required supporting documentation has been attached. Y			
3. Applicant's Signature			
Signature:		Date:	
For assistance contact Pharmaceutical Regulatory Unit during business hours on (02) 9391 9944			
Completed forms may be submitted by email, fax or post.			
Email: MOH-PharmaceuticalServices@health.nsw.gov.au			
Fax: (02) 9424 5860			
Postal address:	Director, Pharmaceutical Regulatory Unit Deputy Chief Pharmacist Legal and Regulatory Services Branch NSW Ministry of Health Locked Mail Bag 2030 St Leonards NSW 1590		