Registration for 5CPA Programme Participation

Please complete this form for the relevant 5CPA Programmes in which you would like to participate. There are specific programme eligibility criteria that you will need to meet in order to participate in programmes. Please ensure that you have read the Programme Specific Guidelines that are relevant to each individual programme to ensure you are eligible to participate. Programme Specific Guidelines are available at ***www.5pca.com.au*** *. Save this form when completed so that you can upload it via the 5CPA Registration and Claiming Portal as part of your registration process.*

I would like to register my pharmacy/business for the following 5CPA Programmes:

Pharmacy Practice Incentive Programme Your QCPP ID #

- ☐ Dose Administration Aids
- ☐ Clinical Intervention
- ☐ Staged Supply
- ☐ Primary Health Care
- ☐ Community Services Support
- ☐ Working with Others

☐ **MedsCheck/Diabetes MedsCheck Programme**

☐ **RPMA Programme**

☐ **S100 Pharmacy Support Allowance Programme**

☐ **Home Medicine Review Programme**

Please provide the following details of accredited pharmacists conducting services on your behalf:

MRN/ Accreditation No.	AHPRA No.	Start date	End date	First name	Last name

Australian Government Department of Health

The Pharmacy Guild of Australia

This project is funded by the Australian Government Department of Health as part of the Fifth Community Pharmacy Agreement.

☐ **Residential Medication Management Review Programme** ☐ **QUM**

Please provide the following details of your Aged Care Facility

ACF Service ID	ABN No.	Name of Facility	Contract start date	Contract end date	Name of contact at ACF	RMMR	QUM
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						☐	☐
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ACF Service ID	MRN/ Accreditation No.	AHPRA No.	Start date	End date	First name	Last name