

PROGRAM REGISTRATION

Please complete this form for the relevant 6CPA Programs in which you would like to participate. There are specific program eligibility criteria that you will need to meet in order to participate in programs. Please ensure that you have read the Program Rules of Program Specific Guidelines that are relevant to each individual program to ensure you are eligible to participate. Program Rules and Guidelines are available at www.6cpa.com.au. Save this form when completed so that you can upload it via the 6CPA Registration and Claiming Portal as part of your registration process.

I would like to register my pharmacy/business for the following 6CPA Programmes:

Your QCPP ID #

- Dose Administration Aids Program**
- Clinical Intervention Program**
- Staged Supply Program**
- MedsCheck/Diabetes MedsCheck Program**
- RPMA Program**
- S100 Pharmacy Support Allowance Program**
- Home Medicine Review (HMR) Program**
- Residential Medication Management Review (RMMR) Program**
- Quality Use of Medicines (QUM) Program**

For the RMMR and QUM Programs, please provide the following details of your Aged Care Facility:

ACF Service ID	ABN No.	Name of Facility	Contract start date	Contract end date	RMMR contract attached	QUM contract attached

If you have more than 10 ACFs please upload the required information for the additional ACFs in a separate document.