



# Certification of Continued Support Service

(For this claim to be valid, all details need to be completed and declarations signed and dated)

## Eligible applicant to complete this section and submit with the Progress Report

Progress Report Period:  0 – 6 months  6 – 12 months

Name of approved community pharmacy/ approved hospital authority	
Name of approved pharmacist/ approved hospital authority contact	
ABN	
Eligible applicant PBS Approval Number	
Street address	
Postal address	

### Declaration

**I confirm that:**

- I am providing the Section 100 Support Services to the approved Remote Area Aboriginal Health Service (AHS) named below, as per the approved Program Specific Guidelines and via arrangements made under Section 100 of the *National Health Act 1953*;
- I have provided support services over the period indicated above and in accordance with an agreed work plan with this AHS.

**I declare that the information given by me is true and correct.**

Signature of approved pharmacist/approved hospital authority contact:

Date:



**Australian Government**  
**Department of Health and Ageing**

**Certification of Continued Support Service**  
*(continued)*

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**Chief Executive Officer or Medical Director of  
Aboriginal Health Service to complete this section**

AHS name

s100 Approval Number

**Declaration**

**I declare that:**

- this AHS has entered into an agreement with the pharmacist named above for the provision of Support Services under the s100 supply arrangements of the *National Health Act 1953*;
- the eligible applicant provided visits to the Primary AHS and its outstation/s on the following dates during this reporting cycle:

Primary AHS Name / s100 Approval Number	Visit Date

Outstation Name	Visit Date

- these services have been provided satisfactorily over the period stated above.

Signature:

Date: