

How to Register on the 6CPA Registration and Claiming Portal

Please note: Registering for participation in 6CPA Programmes

You will be required to upload the '6CPA Programme Registration Form' in order complete your registration. This document enables you to nominate for programmes and include the information that will be required by the 6CPA Support Team to confirm your programme participation (e.g. RMMR and QUM Programmes the document includes provision to record the Aged Care Facilities associated with your pharmacy/business).

This document is available for download under the resources section of the 6CPA website via www.6cpa.com.au. Therefore, we recommend that you open this document, complete it and save on your computer before you begin the registration process.

As part of the registration process you will be allocated with a user name and temporary password. Once you have received notification of these details, we suggest that you log back into the Portal and change your password to something of your choice.

You can do this by clicking on the **Update Details** tab.

Step One:

Go to www.6cpa.com.au and click on the '**Portal Access**' button on the home page.

Once on the 6CPA Registration and Claiming Portal home page click on the '**Register**' button (circled in red below) on the right hand side of the page.

6th Community Pharmacy Agreement

Home | FAQ | Service History

Welcome to the 6CPA Registration and Claiming Portal

If you are making a claim for payment for the first time, you'll need to register before you begin. Please click the 'Register' button.

If you've already registered on the 6CPA Registration and Claiming Portal, or have been the main contact person for a claim in the past (using your current email address), you can login by entering your email address and password, and clicking the 'Login' button.

If you've forgotten your password, enter your email address and click the 'Forgot your Password' link. We'll send a temporary password to your email address.

Before you start...

[New Pharmacy/Business](#)

IMPORTANT NOTE - [Registering for participation in 6CPA Programmes](#)

LOG IN

Username
Password

Login Register

[Forgot your password?](#)

CONTACT DETAILS

Website address
www.6cpa.com.au

Email
support@6cpa.com.au

Step Two:

Complete the fields under Your Details, Individual Details, Address, Contact Details and Password Reset Question.

Once complete click on the 'Next Step' button (circled in red below)

[Home](#) | [FAQ](#) | [Service History](#)

Step 1. Register Your Personal Contact Details

If you are registering on the GCPA Registration and Claiming Portal for the first time, it is important to note that this process involves two stages.

1. You need to register yourself as a contact person. You could be the contact person for one or potentially several pharmacies/businesses.
2. You also need to register the pharmacy/business applying for claims. If this is the first application this pharmacy/business has submitted to the GCPA Registration and Claiming Portal, you'll need to provide some basic information (eg: address details, bank account number etc).

Your Details

First Name *(required)*

Surname *(required)*

Preferred Name

Email *(required)*

Individual Details

Pharmacist

AHPRA Number

End Date of Accreditation

Accredited Pharmacist

Intern

MRN Accreditation Number

Pharmacy Assistant

Student

Pharmacy — Other

LOG IN
Username

Password

Login
[Forgot your password?](#)

CONTACT
Website
[www.gcpa.gov.au](#)
Email
[support@gcpa.gov.au](#)
Phone
1300 555 555

Address

Address Line 1 (required)

Street Number and Name

Address Line 2

Suburb (required)

Suburb

State (required)

State

Postcode (required)

1234

Contact Details

Daytime Phone Number (required)

0212345678

Mobile Phone Number

0412341234

Password Reset Question

Question (required)

Best childhood friend

Answer (required)

Sam

[Next Step](#) [Save as Draft](#) [Cancel](#)

Step Three:


You are now required to register your pharmacy or business details.

Once complete click on the 'Next Step' button (circled in red below)

Home Registration **FAQ** Service History

Step 2. Register Your Pharmacy/Business

Register a new pharmacy/business

 Please enter your pharmacy/business details here. After you have entered your pharmacy/business name, you can save your registration details, return to the previous page or cancel your registration at any time, by simply clicking the appropriate button at the bottom of this page.

Pharmacy/Business Name

Full name of your pharmacy/business (required)

Pharmacy/Business Type

What type of pharmacy/business are you? (required)

Section 90 Pharmacy

PBS Approval Number (required)

Pharmacy/Business Contact Details

Pharmacy/Business Website

Pharmacy/Business Email

Pharmacy/Business Phone Number (required)

Physical Address

Address Line 1 (required)

Address Line 2

Suburb (required)

State (required)

Post Code (required)

WELC
You a
First
Log

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Phor
1300

Postal Address

Street Address Post Office Box

Same as physical address

Address Line 1 (required)

Pharmacy Street Address

Address Line 2

Suburb (required)

Pharmacy Suburb

State (required)

State

Post Code (required)

1234

Your Role

Role / Title (required)

Pharmacy Owner

Second Contact Person

First Name (required)

Second contact first name

Surname (required)

Surname

Preferred Name

Email (required)

secondcontact@hotmail.com.au

Address

Address Line 1 (required)

Second contact street address

Address Line 2

Suburb (required)

Suburb

State (required)

State

Post Code (required)

1234

Contact Details

Day Time Phone Number (required)

0298745612

Mobile Phone Number

Their Role

Role / Title (required)

Professional Services Manager

Next Step

Save as Draft

Cancel

Step Four:

Continue completing details about your pharmacy or business including bank account details.

Home	Registration	FAQ	Service History
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Step 2 (continued). More About Your Pharmacy/Business.

We need some additional information about your pharmacy/business. Please complete the following fields. If you want to return to the previous step, save your registration details or cancel your registration, you can do this at any time by clicking the appropriate button at the bottom of this page.

Pharmacy/Business Owners

Please enter your pharmacy/business's owners' details below and click 'Add' to save them. You can also update or edit owners' details here.

First Name	Last Name	Role / Title	Other	
<input type="text" value="Owners Name"/>	<input type="text" value="Owners Surname"/>	<input type="text" value="Pharmacy Owner"/>		<input type="button" value="Add"/>

Is your pharmacy/business GST registered?

No Yes

ABN

ABN Number (required)

Bank Account

Bank Name (required)

Account Name (required)

BSB (required)

Account (required)

Step Four continued

Once complete read and accept the **Declaration** then click on the **'Next Step'** button (circled in red below)

Declaration

This declaration relates to my registration to participate in 6CPA programmes

I/We understand that giving false or misleading information is a serious offence.

I/We have been given permission to pass on the details of the pharmacist(s) included in this registration to the Pharmacy Guild and any other relevant authority.

I/we have read and have the authority to agree to the 6CPA General Terms and Conditions and any Programme Specific Guidelines and agree to conduct services in accordance with the 6CPA General Terms and Conditions and relevant Programme Specific Guidelines.

I/we understand that our personal information is protected by law, including the Privacy Act 1988, and is being collected by the Pharmacy Guild of Australia for the purposes of facilitating participation in the 6CPA Programmes.

If you do not provide this information you will not be eligible to participate in this programme.

You can get more information about the way in which the Pharmacy Guild of Australia will manage your personal information, including our privacy policy at www.6cpa.com.au

(required)

Next Step Save as Draft Previous Step Cancel

Step Five:

To complete your registration you are now required to upload your already completed and saved **6CPA Programme Registration Form** mentioned at the beginning of this user guide.

To upload this document:

- select '**Programmes Registration**' as the document type
- enter a description such as your pharmacy or business name,
- click on the browse button and navigate to where you have saved the form on your computer
- select your completed 6CPA Programme Registration Form to upload
- click '**Add to List**' to upload document

Once this form is uploaded the red text will change to green and state 'You have added all required documents'

Then click the '**Submit**' button (circled in red below)

Home Registration FAQ Service History

Upload Registration Documents

In order to complete your Registration online, you need to upload the following documents:
- Programmes Registration
Optionally, you can upload other supporting documents.

Document type
Programmes Registration

Description (optional)

Click "Browse" to select the file to upload and then click "Add to List".

Document to add
Browse...

Add to List

Type	File Name	Description	Action
Programmes Registration	6CPA-ProgrammeRegistration_July 2015.pdf	My Pharmacy	Remove

You have added all required documents.

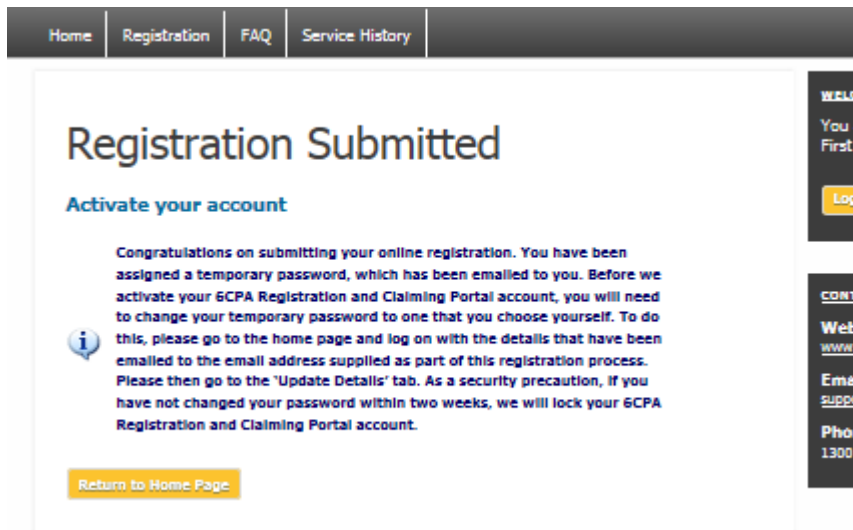
Submit Save as Draft Cancel

Step Six:

Your registration is now complete and you are now required to 'Activate your account'.

To activate your account log in to the 6CPA Registration and Claiming Portal, using the email address you provided at **Step Two** and the temporary password emailed to the same address by the portal.

Once logged in click on the 'Update Details' tab and change your password.



Registering multiple pharmacies or businesses

Log in to the **6CPA Registration and Claiming Portal** using your email address and chosen password.

Click on the '**Update Details**' tab and click on '**Register a new pharmacy/business**'. Follow the steps as previously described and click on '**Submit**' to complete the registration.