# [TO BE PLACED ON LETTERHEAD OF THE PHARMACY]

## Attestation Statement

| This Attestation Statement is made by: *[Insert full name of each pharmacy proprietor*(together, the **Owners**)] | *…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….….….….* |
| --- | --- |
| in relation to pharmacy services provided at:*[Insert Pharmacy trading name and address*(the **Pharmacy**)] | *……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….….….* |

By signing this Attestation Statement, the Owner/s confirm that they each understand, acknowledge and agree that:

1. I/we are responsible for ensuring that the Pharmacy has in place, at all times, all necessary systems to ensure that the operation of the Pharmacy complies with all applicable laws.
2. I/we have fully complied with the parts of the Quality Care Pharmacy Program (QCPP) that relate to the delivery of safe and quality pharmacy services. In particular, I/we attest that during the past 12-months, for the Pharmacy named above, I/we have:
3. provided leadership in the development of a culture of safety and quality and satisfied ourselves that such a culture exists in the Pharmacy;
4. provided leadership to ensure patients, carers and consumers are at the centre of all decisions that may influence the provision of pharmacy services;
5. prioritised the delivery of safe and quality pharmacy services;
6. ensured that all staff members are aware of how their roles and responsibilities relate to the delivery of safe and quality pharmacy services;
7. provided a system to monitor, analyse, and respond to service-related incidents; and
8. routinely reviewed reports relating to safety and quality performance.
9. the Owner/s named above represent all proprietors of the Pharmacy.

|  |  |
| --- | --- |
| Signature:  |  |
| Full name: |  |
| Date: |  |

Must be signed by at least one Owner, on behalf of all Owners of the Pharmacy: