Assessment Pharmacist employment eligibility questionnaire

Thank you for your interest in applying for the Assessment Pharmacist role. This short survey is designed to help us understand your experience, current practice, and suitability for the role. It should take approximately 5 minutes to complete.

Name:

Email:

Ahpra registration Number:

1. *Which of the following best describes your current registration status with the Australian Health Practitioner Regulation Agency (Ahpra)?*

- ☐ General registration as a pharmacist, with no conditions or undertakings.
- ☐ General registration as a pharmacist, with imposed conditions or undertakings.
- ☐ Non-practising registration as a pharmacist.
- ☐ I am not currently registered with Ahpra as a pharmacist

2. *Which of the following best describes your current area of pharmacy practice?*

- ☐ Community Pharmacy
- ☐ Hospital Pharmacy
- ☐ Other, Please specify

3. *How many years have you actively practised as a fully registered pharmacist, excluding student or intern experience?*

Years

4. In a typical week, how many hours do you currently spend in direct patient-facing clinical care? (eg patient counselling, medication review, and clinical consultations)

This excludes administrative, managerial, research, or other non-clinical duties that do not involve direct patient interaction. (if not applicable, please enter 0)

Hours

5. *Are you currently responsible for, or actively involved in, the supervision, training, or preparation of intern pharmacists or overseas-trained pharmacists for the Intern Written or OPRA® exams?*

- ☐ No
- ☐ Yes, please specify

6. *This role requires you to remain actively engaged in direct patient-facing pharmacy practice outside of your work with APC. Are you willing and able to maintain this throughout your employment?*

- ☐ Yes
- ☐ No

7. Which of the following statements best describes your right to work in Australia?

- ☐ I am an Australian or NZ citizen
- ☐ I have permanent work rights with no restrictions
- ☐ I have temporary work rights with no restrictions

Thank you for taking the time to complete this questionnaire and for your interest in contributing to APC Assessments.