

Appendix 1



To:	PCT	Pharmacy or Company Stamp (or if a head office attach a signed letterhead as authorisation)	
Contractor Account Details			
OCS code/F Code			
Pharmacy Name			
Trading Name (if different)			
Address			
Postcode			
Contractor Declaration			
<p>I can confirm that the above named pharmacy contractor has:</p> <p>i. an ETP compliant pharmacy system (accredited as such by NHS Connecting for Health) Release 1 <input type="checkbox"/> or Release 2 <input type="checkbox"/></p> <p>ii. appropriate network connectivity to be able to operate the Electronic Prescription Service</p> <p>iii. staff operating the service who are registered users and have been issued with smart cards and PIN numbers by their PCT's Registration Authority.</p> <p>I hereby submit and make a claim for the monthly payments in accordance with the terms of the Electronic Prescription Service, as set out in Drug Tariff Part VIA Paragraph 6.5, Electronic Transmission of Prescription Allowances.</p> <p>I undertake to notify the PCT in writing immediately if at a later date the pharmacy is no longer able to operate the Electronic Prescription Service. I accept that the PPA will make and stop these payments as authorised by the PCT.</p>			
Claim made by: <i>(authorised signature)</i>		Telephone number: <i>(in case of queries)</i>	
Name: <i>(please print name)</i>		Position:	