**Electronic Special Authority (ESA) – Registration of Interest - Pharmacist**

The Ministry of Health require the following information for any Pharmacist Prescribers wishing to access Electronic Special Authority.

Please provide ***all*** details requested below, and return this completed form alongside the **Audit Letter** via email: onlinehelpdesk@health.govt.nz

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| --- | --- |
| **Pharmacist Full Name (as per practising certificate):**  |  |
| **Pharmacy Council Registration Number:** |  |
| **Contact Phone #:** |  |
| **Email Address:** |  |
| **Do you operate using MAC?**  |  |

If you require any assistance with Electronic Special Authority (ESA) please contact the On-line Helpdesk either via email: onlinehelpdesk@health.govt.nz or call us on 0800 855 066