

## Additional Authorised Immunisers

If your organisation employs additional AIs before the expiry of your current program approval please complete the details below for each additional immuniser.

Name of Practice/Clinic/Organisation:		
Address:		
Suburb:	State:	Postcode:
When is your current Program Approval due to expire?		

Names and AHPRA numbers for the AIs you employ	Nurse or Pharmacist	AHPRA Number	Holds a Tasmanian DHHS AI Certificate
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>

Specific knowledge about Program Approvals	
I have provided a copy of the original application form and the guidelines to each individual involved in the delivery of the vaccination program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Principal Officer:	
Signature:	Date:

Return this completed form to the Director of Public Health, via:

- Email: [authorisedimmuniser@dhhs.tas.gov.au](mailto:authorisedimmuniser@dhhs.tas.gov.au)
- Mail: GPO Box 125 Hobart 7000

Enquiries: 1800 671 738