



**NHS PHARMACEUTICAL SERVICES – ADVANCED SERVICES DISCHARGE
MEDICINES REVIEW SERVICE – DECLARATION FORM**

This declaration form is to be completed by all pharmacists providing the Discharge Medicines Review (DMR) service. A copy of the form should be retained in each pharmacy at which you provide the DMR service. The declaration is intended to provide assurance to the pharmacy contractors that you are able to provide the DMR service and that claims made by the contractor for services provided are appropriate.

Pharmacy contractors are separately required to ensure that their premises meet the required standard and provide the relevant listing form to the NHS Wales Shared Services Partnership.

I confirm that:	
<i>Eligibility to provide the Discharge Medicines Review Service</i>	
I have a Medicines Use Review (MUR) certificate	<input type="checkbox"/>
I have submitted a copy of my MUR certificate and the MUR pharmacist listing form to the NHS Wales Shared Services Partnership (formerly the NHS Wales Business Services Centre)	<input type="checkbox"/>
<i>Understanding the Discharge Medicines Review Service requirements</i>	
I have made an assessment of my competence to perform the Discharge Medicines Review (DMR) service	<input type="checkbox"/>
I have, in response to my assessment, undertaken continuing professional development (CPD) relevant to the DMR service	<input type="checkbox"/>
I understand the requirements for the part one and part two of the DMR service	<input type="checkbox"/>
I have familiarised myself with the content of the Standard Operating Procedure (SOP) for the DMR service in place at the pharmacy	<input type="checkbox"/>

DECLARATION

I declare that the information on this form is correct:

Pharmacist Name: _____ GPhC Number _____

Applicant Signature: _____ Date: _____ / _____ / _____

This form is to be retained in the pharmacy