

Registration Authority Acceptance of Terms

Dorset CCG

Acceptance of Registration Authority Terms.

Organisation name	
Organisation NACS Code / s	
RAA name	
RAA contact telephone number	
RAA email address	
RAA Smartcard UUID (if you already have a smartcard)	
Signed	
Date	

By signing this form, I confirm that I have read the “Pharmacy Registration Authority (RA) Briefing” document and that I understand and will follow the processes outlined within the document. I understand the responsibilities involved when sponsoring staff within my organisation and the implications for Information Governance.

Please return this form to Smartcard.support@dorsetccg.nhs.uk