



This form, when completed, will be classified as 'For official use only'.  
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at  
<<https://www.tga.gov.au/treatment-information-provided-tga>>.

# Authorised Prescriber Scheme – Nicotine Vaping Products

## Consent to online publication of personal information

I **consent** to the Therapeutic Goods Administration (TGA), being part of the Australian Government Department of Health, publishing on the TGA website:

- my name; and
- the name and address of the practice where I work,

for the purpose of identifying me as an authorised prescriber of nicotine in solution, salt or base form (solid or liquid), i.e., nicotine vaping products.

Name			
Signature		Date	

## Exact information to be published on TGA website

I set out below exactly how I would like my personal information to appear on the TGA website.

My Name	
Practice name	
Practice address	

Please return form to [authorised.prescribers@health.gov.au](mailto:authorised.prescribers@health.gov.au)