

NP Initiating Prescriber Application

Prescribing Opioid Use Disorder (OUD) Drug Therapeutics and/or Methadone for Pain Management

Refer to CRNS Council Policy *Nurse Practitioner Scope of Practice Policy (2.7) (OUD/Methadone for Pain)* for prescribing approval requirements.

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (DD/MMM/YYYY) _____ NP License # _____

Practice Location Specific to this Undertaking: _____
Address: _____

I am requesting prescribing approval for: OUD _____ Methadone for Pain _____ Both _____

To advance from maintenance prescriber to initiating prescriber, the NP must demonstrate the following:

- Competence to evaluate the suitability of therapeutic management
- Practice within a multidisciplinary team
- Regularly assess and treat clients with OUD and/or clients that require methadone for pain
- Mentorship and support from an established initiating prescriber

Complete the following:

- NP Practice Assessment – Initiating Prescriber for OUD Drug Therapeutics and/or Methadone for Pain Management.

I certify that the information I have provided on this form is true and correct and acknowledge that my application for approval to prescribe OUD drug therapeutics and/or methadone for pain management may be refused or cancelled if I have provided any inaccurate information.

Email signed form to OUD@crns.ca.

NP Signature: _____ Date: _____