



College of
Registered
Nurses of
Saskatchewan

NP Practice Assessment
Initiating Prescriber for Opioid Use Disorder (OUD) Drug Therapeutics and/or
Methadone for Pain Management

Reference Documents

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 # _____

Primary Practice for this Application: _____

Address: _____

I am requesting Initiating prescribing approval for:

OUD ____ Methadone for Pain ____ Both ____

All sections require a response unless otherwise stated.

Standard 1 - Professional Responsibility and Accountability

1.1 Identify your plan to participate in continuing education opportunities.

Standard 2 - Knowledge-based Practice

2.1 Describe the competencies you have developed to support clinical judgement and reasoning to be an initiating prescriber of therapeutics for OUD and/or methadone for pain management for this client population.

2.2 List the current best practice evidence you use to support your clinical decisions.

2.3 Describe the multidisciplinary team that you will work with.

Standard 3 - Ethical Practice

3.1 What strategies will you implement to incorporate culturally appropriate and trauma informed care into your practice?

3.2 What strategies will you implement to prevent prescription fraud or diversion?

Standard 4 – Service to the Public

	YES	NO
4.1 Do you have employer support to prescribe?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Does your organization have policies to support best practice and standards of care?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Will your clients have access to after hours care and continuity of care through the multidisciplinary team? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>
4.4 How will you prioritize prescribing for clients at most risk or special situations?		

Standard 5 – Self-Regulation

5.1 Explain how becoming an Initiating Prescriber for OUD drug therapeutics and/or methadone for pain management in this practice setting meets Council Policy *Nurse Practitioner Scope of Practice Policy (2.7) C. Common Medical Disorders*.

Standard 6 – Therapeutic Management

	YES	NO
6.1 Will you utilize standardized documentation for all client encounters? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>
6.2 What information will you require when accepting a referral?		
6.3 What strategies will you implement to ensure you collect the best possible client health information and medication history?		

6.4 What diagnostic and laboratory testing strategies will you incorporate to inform safe prescribing?

6.5 Describe the plan for direct and/or indirect mentorship you have arranged with the established OUD and/or Methadone Initiating Prescriber.

6.6 What practice challenges do you anticipate?

Email completed form to OUD@crns.ca

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

NP Signature: _____

Date: _____