

**NP Surrender Approval**  
**Prescribing Opioid Use Disorder (OUD) Treatment and/or Methadone for Pain Management**

Council Policy *Nurse Practitioner Scope of Practice Policy (2.7)* defines the process for the NP to surrender approval.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
(please print) (please print)

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ NP License # \_\_\_\_\_

Practice Location(s) for this Surrender:

---

---

I am informing the Registrar that I surrender approval for prescribing:

Maintenance \_\_\_\_\_ Initiating \_\_\_\_\_  
OUD \_\_\_\_\_ Methadone for Pain \_\_\_\_\_ Both \_\_\_\_\_

By signing below, I understand I have surrendered my approval to prescribe OUD treatment and/or Methadone for Pain Management. Please submit completed form to [OUD@crns.ca](mailto:OUD@crns.ca).

NP Signature: \_\_\_\_\_ Date \_\_\_\_\_

