

**NP Application for Extended Prescriptive Authority - Opioid Use Disorder (OUD)**

**Part A** (Initial application)

Complete each section and initial the bottom of each page.

**Section A:**

\_\_\_\_\_  
 Name CRNNL NP Licensure/Registration#

\_\_\_\_\_  
 Phone Number Primary Email Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Manager Name Phone Number

\_\_\_\_\_  
 Employer(s) Address (include site/unit)

**Provide a description of your practice setting and applicability for this request:**

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**Section B**

Select what prescriptive authority you are seeking:

- Buprenorphine- Naloxone (Suboxone) for OUD
- Buprenorphine- Naloxone (Suboxone) and Methadone for OUD

**Section C:**

**Confirm access to and review of the following practice supports:**

<ul style="list-style-type: none"> <li>• Participate in the Provincial Prescription Monitoring Program <a href="https://www.gov.nl.ca/hcs/prescription/prescription-monitoring-program/">https://www.gov.nl.ca/hcs/prescription/prescription-monitoring-program/</a></li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Completed Tamper Resistant Prescription Drug Pad Program (TRPPP) education through Government of NL website and will adhere to ongoing practice requirements of the program. <a href="https://www.gov.nl.ca/hcs/prescription/hcp-tamperresistantdrugpad/">https://www.gov.nl.ca/hcs/prescription/hcp-tamperresistantdrugpad/</a></li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Registered with the Pharmacy Network and have access to the <a href="#">HEALTHe NL Viewer</a> for purposes of reviewing a patient’s medication profile.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Employer support for extended prescriptive authority requested above.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Access to employer policies to guide practice related to prescribing Buprenorphine- Naloxone (Suboxone) and/or Methadone for Opioid Use Disorder (OUD).</li> </ul>	Yes ___ No ___

<ul style="list-style-type: none"> <li>• Access to urine drug screening and/or other forms of screening as deemed appropriate for testing of drugs for possible abuse/misuse.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Knowledgeable of all Newfoundland &amp; Labrador Pharmacy Board (NLPB) documents related to OUD (e.g. Standards for the Safe &amp; Effective Provision of Opioid Agonist Maintenance). <a href="https://nlpb.ca/media/SOPP-OAMT-May2018.pdf">https://nlpb.ca/media/SOPP-OAMT-May2018.pdf</a></li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Knowledgeable of all College of Physicians &amp; Surgeons of NL (CPSNL) documents related to OUD (e.g. Methadone Maintenance Treatment Standards &amp; Guidelines) <a href="https://www.cpsnl.ca/WEB/CPSNL/Policies/MMT_Standards_and_Guidelines.aspx">https://www.cpsnl.ca/WEB/CPSNL/Policies/MMT_Standards_and_Guidelines.aspx</a></li> </ul>	Yes ___ No ___

**Education and Training** (attach certificates/documentation confirming your completion):

<ul style="list-style-type: none"> <li>• Complete the online Suboxone education program on the prescribing of Buprenorphine-Naloxone (Suboxone) - available at <a href="http://www.suboxonecme.ca">www.suboxonecme.ca</a> or a course/education program deemed equivalent by CRNNL.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Complete the College of Physicians and Surgeons of NL (CPSNL) Introduction to Safe Prescribing: Opioids, Benzodiazepines, and Stimulants Course - available through <a href="http://www.mdcme.ca">www.mdcme.ca</a>.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Complete one of the following: <a href="#">Centre for Addiction and Mental Health (CAMH) Opioid Use Disorder Treatment Course</a> <b>OR</b> <a href="#">British Columbia Centre on Substance Use Provincial Opioid Addiction Treatment Support Program</a> <b>OR</b> A course deemed equivalent by CRNNL.</li> </ul>	Yes ___ No ___
<ul style="list-style-type: none"> <li>• Attended clinical training (minimum of two days or combination of equivalent hours) with an experienced practitioner/team in the treatment of OUD and the provision of Buprenorphine-Naloxone (Suboxone) and/or Methadone.</li> </ul>	Yes ___ No ___

**Nurse Practitioners seeking extended prescriptive authority must consider the following:**

- Seek continuing education opportunities for ongoing learning related to OUD. It is recommended to complete the CMAH Opioid Dependence Treatment (ODT) Certificate Program or a course/educational program deemed equivalent.
- As medications and treatments evolve, NP must ensure they meet additional requirements to prescribe these medications (e.g. Sublocade, diacetylmorphine, etc).
- NPs may consult with the Provincial ODT Centre for Excellence (COE) regarding OUD and Opioid Agonist Treatment.
- If an NP is away from the practice setting for an extended period of time, the NP must reflect on what educational requirements are needed to ensure they have the individual competence to prescribe Buprenorphine-Naloxone (Suboxone) and/or Methadone.

**Section D:**

**Letters of Support** (See Part B: Employer statement from your current nursing manager/supervisor confirming their support for extended prescriptive authority)

Manager/Supervisor Name: \_\_\_\_\_

Manager/Supervisor contact information: \_\_\_\_\_

\_\_\_\_\_

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**Section E: Nurse Practitioner’s Declarations**

I \_\_\_\_\_ hereby apply for the extended prescriptive authority to prescribe Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD and declare that the information I have provided in this application is true and correct.

I \_\_\_\_\_ declare that I am knowledgeable of all College of Physician & Surgeons of Newfoundland & Labrador (CPSNL) documents related to OUD.

I \_\_\_\_\_ declare that I am knowledgeable of all Newfoundland and Labrador Pharmacy Board’s (NLPB) documents related to OUD.

I \_\_\_\_\_ understand that I may be required to complete additional educational requirements (i.e. Drug Manufacturer requirements) to prescribe medications used in the treatment of OUD (e.g. Sublocade, diacetylmorphine).

I \_\_\_\_\_ understand that if away from the practice setting for an extended period of time I must reflect on what educational requirements are needed to ensure I maintain competence to prescribe Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD.

I \_\_\_\_\_ hereby give consent to the CRNNL to obtain confirmation or verification of the documentation and information submitted as part of this application, including but not limited to contacting my employer, manager or mentor.

I \_\_\_\_\_ understand a link to the names of authorized prescribers will display to the [CRNNL member search](#).

I \_\_\_\_\_ declare that I have read and agree with each of the declaration statements listed above.

\_\_\_\_\_  
**NP Signature**

\_\_\_\_\_  
**Date**

*If you have more than one practice setting where Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD is prescribed, append information for each practice setting, along with the employer and supervisor name for each practice setting. When CRNNL reviews your application, you will be notified by email when authority to prescribe Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD has been granted.*

For Office Use Only:

Part A: Received: \_\_\_\_\_ Part B: Received: \_\_\_\_\_ Part C: Received: \_\_\_\_\_

Part D: Received: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_



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**Part D: Confirmation of Mentor (If employed outside a Regional Health Authority)**

For Nurse Practitioners (NPs) Employed with an Employer that is not a Regional Health Authority in Newfoundland and Labrador (Includes Self Employment)

I \_\_\_\_\_, understand that it is a requirement of Council to be granted extended prescriptive authority for Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD and that I \_\_\_\_\_ have access to a mentor who has expertise in prescribing Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD.

I \_\_\_\_\_ confirm that I have access to a mentor with expertise in prescribing Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD.

If you are employed outside of a RHA or self-employed please provide your employer/organization name and address below.:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I \_\_\_\_\_ declare that I have policies that guide my practice in relation to prescribing Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD and care of patients receiving Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD.

I \_\_\_\_\_ understand that I am required to immediately notify CRNNL should any of the information provided above change, with respect to access to a mentor.

Nurse Practitioners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NP Application for Extended Prescriptive Authority - Opioid Use Disorder (OUD)

### Part B: Employer Statement

Please complete Section A and forward this form to the Program Manager/Nurse Manager/Supervisor at place(s) of employment for completion.

### Section A: Nurse Practitioner Information

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CRNNL NP Registration/Licensure #

**I hereby give consent for my employer to release the information as requested by CRNNL.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Nurse Practitioner

### Section B: Statement of Current Employer

The above-named Nurse Practitioner has applied to CRNNL to be granted extended prescriptive authority to prescribe **Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD** in their NP practice. Please complete the following statement indicating the employer's support for this nurse practitioner to prescribe **Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD**. Please return the completed document directly to CRNNL at [registration@crnnl.ca](mailto:registration@crnnl.ca).

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Do you support this NP to prescribe the following in their current practice setting (Select one):

- Buprenorphine-Naloxone (Suboxone) for OUD
- Methadone for OUD
- Buprenorphine-Naloxone (Suboxone) and Methadone for OUD

Do you confirm that the employer has a policy(s) in place to guide a NP in their practice to prescribe Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD and care of clients receiving Buprenorphine-Naloxone (Suboxone) and/or Methadone for OUD:

Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date