

## Nurse Practitioner TRPPP Declaration

I \_\_\_\_\_ (name) CRNNL Registration Number \_\_\_\_\_,

declare that I have reviewed the Tamper Resistant Prescription Pad Program (TRPPP), Pharmacy Services, Department of Health and Community Services, Government of NL, education materials and;

I declare that I fully understand the requirements of the program and the responsibility as a health care provider/prescriber and;

I declare that the above information is true and correct.

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date

\*Completed forms can be returned via email to [registration@crnml.ca](mailto:registration@crnml.ca) or via fax 709-753-4940.