



College of
Registered Nurses
of Manitoba

Methadone Prescribing for Opioid Use Disorder

Part A

Should you need more space to answer, please attach a separate page.

Name

Title

Registration #

Address

Phone Number

Email Address

Employer(s)

Prescribing indication: opioid use disorder

Authority length: 3 years

Practice setting description (If you work in more than one practice setting where methadone is prescribed, include information for each practice setting, along with the employer and supervisor name for each practice setting):

List all available collaboration and supports (eg. other methadone providers, laboratory, pharmacy, additional health care providers):

Reference #1 (Manager/Supervisor):

Name

Title

Phone Number

Address

Email Address

Reference #2 (name):

Name

Title

Phone Number

Address

Email Address

References will be contacted for information regarding your professional character and accountability

Signature

Date

Signature indicates that I hereby declare that the above statement is true to the best of my knowledge and belief.



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Methadone Prescribing for Opioid Use Disorder

Part B

Name

Title

Registration #

Prescribing indication: opioid use disorder

Authority length: 3 years

Education and training (submit certificate of completion): _____

Clinical training (Please list the provider name, location and date of training for each of the four half-days):

1. _____
Name Location Date

2. _____
Name Location Date

3. _____
Name Location Date

4. _____
Name Location Date

I understand that I am accountable and it is my professional responsibility to:

- Ensure that my practice is compliant with all federal, provincial, and municipal laws
- Restrict my activities to those I am qualified and competent to perform, and which are appropriate to my area of practice, and
- Comply with The Regulated Health Professions Act, RN regulations including Practice Expectations, Practice Directions and Code of Ethical Conduct
- .

I _____ certify that the information I have provided in this document is a true and accurate reflection of my nursing practice. I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature

Date