



Methadone Renewal Application

Application for Renewal of a Methadone Prescribing Exemption

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 analgesia **Exemption 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 (e.g. other methadone providers, laboratory, pharmacy, additional health care providers):

Continuing competence completed to maintain methadone prescribing competency:

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

- Ensure that my RN(NP) 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