

**RN(NP) Initiating Prescriber Application**  
**Drug Therapeutics for Opioid Use Disorder and/or Methadone for Pain Management**

Refer to SRNA Council Policy 3.19 RN(NP) Prescribing Drug Therapeutics for Opioid Use Disorder and/or Council Policy 3.20 RN(NP) Prescribing of Methadone for Pain Management for the prescribing approval requirements.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (DD/MMM/YYYY) \_\_\_\_\_ RN(NP) Licence # \_\_\_\_\_

Practice Location for this Approval: \_\_\_\_\_

I am requesting Initiating prescribing authority for:  
OUD \_\_\_\_\_ Methadone for Pain \_\_\_\_\_ Both \_\_\_\_\_

To advance from maintenance prescriber to initiating prescriber, the RN(NP) must demonstrate the following:

- Competence to evaluate the suitability of therapeutic management
- Practice within a multidisciplinary team
- Regularly assess and treat clients with OUD and/or clients that require methadone for pain
- Mentorship and support from an established initiating prescriber

Complete the following:

- RN(NP) Practice Assessment – Initiating Prescriber for OUD and/or Methadone for Pain Management.

I certify that the information I have provided on this form is true and correct and acknowledge that my application for approval to prescribe drug therapeutics for OUD and/or methadone for pain management may be refused or cancelled if I have provided any inaccurate information.

RN(NP): \_\_\_\_\_ Date \_\_\_\_\_