SASKATCHEWAN RN ASSOCIATION

Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

RN(NP) Maintenance 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 prescribing authority for: OUD _____ Methadone for Pain _____ Both ______

Education

Course Name(s) ____

Completion Date(s): ______________________________

Attach confirmation of completion to this form.

Practicum

Initiating Prescriber: ____

Practicum Location: ____

Date(s) of Practicum: ______________________________

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.

Email signed form to regulation@srna.org

RN(NP): ____ Date _________________________