

RN(NP) Undertaking

Prescribing Drug Therapeutics for Opioid Use Disorder and/or Methadone for Pain Management

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

First Name _____ Middle Initial _____ Last Name _____

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

Practice Location Specific to this Undertaking: _____

I am requesting prescribing approval for: OUD _____ Methadone for Pain _____ Both _____

By signing below, I undertake to do the following:

- I am currently licensed as a practicing Registered Nurse (Nurse Practitioner) and a member in good standing with the SRNA;
- My prescribing approval shall be indicated on the Register;
- I shall practice in accordance with current *SRNA Bylaws*, current *Council Policies*, current *Registered Nurse (Nurse Practitioner) Practice Standards*; current *Registered Nurse (Nurse Practitioner) Controlled Drugs and Substances Prescribing Guidelines*; and current Code of Ethics; and
- I will fully cooperate with such audits as required by the Registrar.

Email signed form to regulation@srna.org

RN(NP): _____ Date _____

Witness: _____ Date _____

I acknowledge receipt of this undertaking:

Registrar: _____ Date _____

Witness: _____ Date _____