Newfoundland & Labrador Pharmacy Board

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Application for Authorization to Participate in Opioid Agonist Maintenance Treatment

Full Name:

Last Name | First Name & Middle Initial | Registration #

Home Address:

Street Address | P.O. Box (if applicable)

City/Town & Province | Postal Code | Country

Home Phone Number | Home Email Address

Employment Information:

Name of Primary Place of Employment

Street Address | P.O. Box (if applicable)

City/Town & Province | Postal Code | Country

Business Phone Number | Business Fax Number | Business Email Address

Certifications:

☐ I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of authorization or an allegation of conduct deserving of sanction.

☐ I have enclosed:

- ☐ The signed Declaration Form *(page 2)*; and
- ☐ Proof of successful completion of the required opioid agonist maintenance treatment orientation program, approved by the Board.

Applicant's Signature | Date Signed

Application for Authorization to Participate in Opioid Agonist Maintenance Treatment
Declaration Form

I,

______________________________ ____________________
Please Print Full Name | Registration Number

a registered pharmacist with the Newfoundland and Labrador Pharmacy Board, declare that:

- ☐ I am the person referred to in any documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications.
- ☐ I have reviewed the *Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment* and will abide by the standards, limits and conditions that apply to the provision of opioid agonist maintenance treatment and restrict my practice to those areas in which I am competent.
- ☐ I have successfully completed the opioid agonist maintenance treatment orientation program approved by the Board.
- ☐ I will not participate in opioid agonist maintenance treatment until I have received notification from the NLPB that this application has been approved.
- ☐ I understand that my eligibility for authorization is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for an allegation of conduct deserving of sanction.

I make this 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