



Newfoundland & Labrador Pharmacy Board

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Application for Authorization to Participate in Opioid Dependence Treatment Services

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 an education program on the use of medication in the treatment of opioid dependence approved by the Board

Applicant's Signature

Date Signed

Application for Authorization to Participate in Opioid Dependence 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 Medication for the Treatment of Opioid Dependence* and will abide by the standards, limits and conditions that apply to the provision of medications for the treatment of opioid dependence and restrict my practice to those areas in which I am competent.

- I have successfully completed an education and training program on the use of medication in the treatment of opioid dependence approved by the Board.

- 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