



# Newfoundland & Labrador Pharmacy Board

Apothecary Hall [www.nlpb.ca](http://www.nlpb.ca)  
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St. John's, NL A1E 1B3

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## Application to Register as a Pharmacy Participating in Opioid Dependence Treatment Services

### Pharmacy Information:

Pharmacy Name	Pharmacy Licence #
Street Address	P.O. Box (if applicable)
City/Town	Postal Code
( ) Phone Number	( ) Fax Number
Pharmacy Email Address	

### COMMUNITY PHARMACIES

How many patients do you anticipate will receive medication for the treatment of opioid dependence from the pharmacy?

_____	_____
Methadone	Buprenorphine

Does the pharmacy meet the minimum operational standards as detailed in the *Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence* as follows:

Pharmacy Layout and Design - The pharmacy is designed and laid out to allow for all pharmacist-patient discussions, witnessed doses and the provision of take home doses to take place in a patient care environment that ensures visual and acoustical privacy and confidentiality and that is clean, safe, and comfortably furnished for the patient.  Yes  No

Hours of Operation - Is the pharmacy open seven days/week / 365 days/year?  Yes  No

If not, are you prepared to revise or be flexible with the pharmacy hours to accommodate a patient's need for daily witnessed dosing or make arrangements to enable the patient to acquire their doses on the days the pharmacy is closed? Please describe below:

\_\_\_\_\_

\_\_\_\_\_

Staff Education - All relevant staff, including any relief pharmacists, are appropriately educated and trained to understand the scope of their role in the provision of medications for the treatment of opioid dependence.  Yes  No

All relevant pharmacist staff members, including any relief pharmacists, are authorized by the Board to participate in opioid dependence treatment services.  Yes  No

Security - The security of the premises addresses the potential risks associated with the provision of medication for the treatment of opioid dependence and the risks to the community that can result from theft of these medications.  Yes  No

Policy and Procedure Manual - The pharmacy has developed, maintains and regularly reviews a policy and procedure manual related to the provision of medications for the treatment of opioid dependence.  Yes  No

Required References - All required references, including the standards, are available in the pharmacy in either print or electronic format for staff reference.  Yes  No

**HOSPITAL PHARMACIES**

Does the pharmacy meet the relevant minimum operational standards as detailed in the *Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence*, as follows:

Staff Education - All relevant staff, including any relief pharmacists, are appropriately educated and trained to understand the scope of their role in the provision of medications for the treatment of opioid dependence.  Yes  No

All relevant pharmacist staff members, including any relief pharmacists, are authorized by the Board to participate in opioid dependence treatment services.  Yes  No

Security - The security of the premises addresses the potential risks associated with the provision of medication for the treatment of opioid dependence and the risks that can result from theft of these medications.  Yes  No

Policy and Procedure Manual - The pharmacy has developed, maintains and regularly reviews a policy and procedure manual related to the provision of medications for the treatment of opioid dependence.  Yes  No

Required References - All required references, including the standards, are available in the pharmacy in either print or electronic format for staff reference.  Yes  No

**Certifications:**

I,

\_\_\_\_\_

Name of Pharmacist-in-Charge

Registration Number

- certify that I will ensure that all relevant services that take place in the above pharmacy will be conducted in accordance with the *Standards for the Safe and Effective Provision of Medications for the Treatment of Opioid Dependence*.
- 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.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

\_\_\_\_\_  
Date Signed

**Pharmacists-in-Charge are reminded not to participate in ODT services until notification from the NLPB that this application has been approved.**