



## Methadone for Analgesia Application

To prescribe methadone, NPs are subject to additional education and authorization to prescribe methadone for analgesia from the Nurses Association of New Brunswick (NANB). Should you need more space to answer, please attach a separate page.

\_\_\_\_\_  
Name Title Registration #

\_\_\_\_\_  
Address Phone Number Email Address

\_\_\_\_\_  
Employer(s)

**Prescribing indication:** analgesia

**Practice setting description** (If you work in more than one practice setting where methadone is prescribed, include information for each practice setting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Clinical practicum** (submit certificate of education completion)

Supervised Clinical Practicum (8 hours)

Date(s) of Clinical: \_\_\_\_\_

Signature of Clinician: \_\_\_\_\_

**Reference #1 (Collaborating Physician or Direct Supervisor at employment where NP will be prescribing methadone):**

\_\_\_\_\_

**Reference #1 contact information:** \_\_\_\_\_

**Reference #2 name (If more than one employer/collaborating Physician):** \_\_\_\_\_

**Reference #2 contact information:**

\_\_\_\_\_

References may be contacted for information regarding your professional character and accountability

X \_\_\_\_\_

**Signature** declaring consent to release information by the NANB from your member file pertaining to the review of your application to prescribe methadone. This declaration of consent is given under the condition that the released information is treated confidentially.