



Methadone for Opioid Dependence Application

To prescribe methadone, NPs are subject to additional education and authorization to prescribe methadone for opioid dependence 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: opioid dependence

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.