



Methadone Renewal Application

Renewal

To prescribe methadone, NPs are subject to the Government of Canada’s Narcotic Control Regulations subsection 53(3), which requires practitioners to obtain a subsection 56(1) exemption under the Controlled Drugs and Substances Act (CDSA). Subsection 56(1) of the CDSA allows the Federal Minister of Health to issue exemptions if, in the opinion of this Minister, the exemptions are necessary for a medical or scientific purpose or is otherwise in the public interest. Health Canada will issue exemptions to NPs to prescribe methadone upon recommendation 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 and/or opioid dependence **Exemption length:** 3 years

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 completion): _____

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 or to any other action related to the request for an exemption, to the Office of Controlled Substances. This declaration of consent is given under the condition that the released information is treated confidentially.