

NP Practice Assessment
Maintenance Prescriber for Opioid Use Disorder (OUD) Drug Therapeutics and/or
Methadone for Pain Management

Reference Documents

Refer to CRNS Council Policy *Nurse Practitioner Scope of Practice Policy (2.7) (OUD/Methadone for Pain)* for prescribing approval requirements.

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (DD/MMM/YYYY) _____ NP License # _____

Primary Facility of Practice: _____

Address: _____

I am requesting prescribing approval for: OUD _____ Methadone for Pain _____ Both _____

All sections require a response unless otherwise stated.

Standard 1 - Professional Responsibility and Accountability

1.1 Identify the strategies to support your clinical judgement and reasoning.

1.2 Identify your plan to participate in continuing education opportunities.

Standard 2 - Knowledge-based Practice

2.1 List the current best practice evidence you use to support your clinical decisions.

2.2 Describe the multidisciplinary team that you will work with.

Standard 3 - Ethical Practice

3.1 What strategies will you implement to incorporate culturally appropriate and trauma informed care into your practice?

3.2 What strategies will you implement to prevent prescription fraud or diversion?

Standard 4 – Service to the Public		
	YES	NO
4.1 Do you have employer support to prescribe?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Does your organization have policies to support best practice and standards of care?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Will your clients have access to after hours care and continuity of care through the multidisciplinary team? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>
4.4 How will you prioritize prescribing for clients at most risk or special situations?		

Standard 5 – Self-Regulation
5.1 Explain how becoming a Maintenance Prescriber for OUD drug therapeutics and/or methadone for pain management in this practice setting meets Council Policy <i>Nurse Practitioner Scope of Practice Policy (2.7) C. Common Medical Disorders</i> .

Standard 6 – Therapeutic Management		
	YES	NO
6.1 Will you utilize standardized documentation for all client encounters? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>
6.2 What information will you require when accepting a referral?		
6.3 What strategies will you implement to ensure you collect the best possible client health information and medication history?		
6.4 What diagnostic and laboratory testing strategies will you incorporate to inform safe prescribing?		

6.5 Who is your initiating prescriber support?

6.6 What practice challenges do you anticipate?

Email signed form to OUD@crns.ca.

I certify that the information I have provided on this form is true and correct and acknowledge that my application for prescribing OUD drug therapeutics and/or methadone for pain management may be refused or my approval could be suspended if I have provided any inaccurate information.

NP Signature: _____

Date: _____