|  |
| --- |
| 1. **Applicant details**
 |
| First name: |       | Surname: |       |  |
| Prescriber number: |       | AHPRA Registration No: |       |  |
| Practice name: |       |  |
| Address: |       | Suburb: |       | Postcode: |       |  |
| Telephone: |       | Fax:  |       | Practice email:  |       |  |
| Postal address (if different to practice address): |
| Address: |       | Suburb: |       | Postcode: |       |  |
| Do you have any outstanding actions against you in relation to prescribing?  |
| [ ]  Yes, please provide details: |       | [ ]  No |
| Are you subject to Medical Board of Australia supervision conditions? |
| [ ]  Yes, please indicate level: |       | [ ]  No |
|  |

|  |
| --- |
| 1. **Other practitioner details**
 |
| Are other practitioners at this practice authorised CPOP prescribers?  | [ ]  Yes | [ ]  No |
| If yes, please provide details: |       |  |
|  |

|  |
| --- |
| 1. **Practice details: Compliant Schedule 8 drug safe (Depot buprenorphine formulations only)**
 |
| Does the practice have a compliant Schedule 8 drug safe installed?  | [ ]  Yes  | [ ]  No |
| Refer to <https://ww2.health.wa.gov.au/Articles/S_T/Storage-of-Schedule-8-medicines> |
|  |

|  |
| --- |
| 1. **Prescriber declaration**
 |
| I agree to comply with the requirements of the Medicines and Poisons Regulations 2016, *Schedule 8 Medicines Prescribing Code* and the *Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence* and any conditions imposed by the Chief Executive Officer of the Department of Health.  |
| Signature: |       | Date: |       |  |
|  |

|  |
| --- |
| **Office Use Only: Community Pharmacotherapy Program** |
| The above practitioner has satisfactorily completed CPOP training and prescriber assessment delivered by the Community Pharmacotherapy Program and is recommended for authorisation as a prescriber as follows *(tick all that apply)* |
| [ ]  Buprenorphine formulations | [ ]  Co-Prescriber  |
| [ ]  Methadone (addition) |  |
| Director of Clinical Services |       | Date: |       |  |
|  |