900 – 200 Granville St.
Vancouver, BC
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Tel: 604.742.6200
Toll-free: 1.866.880.7101
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www.bccnm.ca

Form 62A

Application for Certified Practice – OUD Registration Course Completed

You will be notified by email when registration for certified practice has been granted.

Last name: _____ First name: _____

Middle name: _____ BCCNM ID: _____

PART A

☐ I am registered as an RN or RPN and have completed a BCCNM-approved Certified Practice – OUD Education Program.

PART B

Date you completed course (mm/dd/yy):_____

PART C

CONSENT TO RELEASE INFORMATION

☐ I hereby provide consent for the above certified practice program to release information and my course results to BCCNM. This information is to be used solely for the purpose of assessing my application for certified practice registration.

DECLARATION

Before the BC College of Nurses and Midwives (BCCNM) can authorize you to diagnose and treat opioid use disorder, you must attest to the following information:

☐ I am an RN and have read and understood the RN Scope of Practice: Standards, Limits and Conditions OR I am an RPN and have read and understood the RPN Scope of Practice: Standards, Limits and Conditions respecting certified practice and prescribing medications.

☐ I undertake to practise my profession in compliance with all other applicable BCCNM standards, limits and conditions that apply to certified practice.

☐ I understand that I may only prescribe for the purpose of treating opioid use disorder and in accordance with the *Limits and Conditions for Certified Practice* and the *Standards, Limits and Conditions for Prescribing Medications*.

☐ I understand that upon being granted prescribing authority, my eligibility to be a prescriber and MSP eligibility will be published on the BCCNM public register and is available upon request as required by the *Health Professions Act* and BCCNM bylaws.

☐ I will inform BCCNM immediately if I no longer need to be an authorized prescriber for opioid use disorder.

Signature: _____ Date (mm/dd/yy):_____

Please submit your completed form to register@bccnm.ca