

# Application for approval as a pharmacotherapy prescriber (methadone and buprenorphine)

(Please print **legibly** in block letters and provide all information)

SURNAME (FAMILY NAME)										FIRST NAME									
<b>NAME OF PRESCRIBER</b>																			
PRACTICE ADDRESS															POSTCODE				
SURGERY HOURS																			
TELEPHONE										FAX									
<b>PROGRAM DETAILS</b>																			
DATE OF ATTENDANCE AT TRAINING PROGRAM																			
ARE OTHER PRACTITIONERS AT THE PRACTICE PARTICIPANTS IN THE PROGRAM?															Yes <input type="checkbox"/> No <input type="checkbox"/>				
IF YES, PLEASE SUPPLY NAMES OF PRACTITIONERS																			
WHO WILL PROVIDE COUNSELLING SERVICES?										HOW MANY CLIENTS WOULD YOU BE PREPARED TO TREAT?									

## Declaration by applicant

I, \_\_\_\_\_ hereby declare that I have familiarised myself with the National Policy on Methadone and the Policies and Procedures for the Methadone Program in Victoria, the National Clinical Guidelines for the use of Buprenorphine and the relevant provisions of the *Drugs, Poisons and Controlled Substances Act 1981* and the Regulations made thereunder. If approved to participate I undertake to abide by those policies which the Department of Human Services may advise from time to time, and any conditions, limitations or restrictions placed on that approval by the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this application is submitted by a person other than the applicant, please provide the person's:

Name:

Address:

## Important notice about privacy

It is a requirement of the *Drugs, Poisons and Controlled Substances Act, 1981* (*the Act*) that the information set out on this form is provided to the Department of Human Services (DHS). Failure to provide all the information may delay the processing of your application or the registering of your notification. You are required to inform the patient of the mutual obligations of both medical practitioners and DHS in relation to the collection, storage and use of this information. You are required to generally advise that: The *Act* requires that this information be provided to DHS:

- to meet statutory notification requirements, and
- for the issuing of permits as required under the legislation.

The Department discloses the information only:

- to a medical practitioner when necessary to facilitate co-ordination of the patient's drug treatment and safe prescribing of drugs, eg when another medical practitioner applies for a permit or is considering prescribing a drug of dependence, or
- to a pharmacist to facilitate payment of pharmacotherapy dosing fees for eligible persons, and
- when otherwise required by law.

Further information about the Department, the *Health Records Act 2001* and other privacy legislation, can be viewed at the Department's web site (<http://www.dhs.vic.gov.au/privacy/>). Access to DHS records can be requested by lodging a Freedom of Information request with the Freedom of Information Unit, Department of Human Services, GPO Box 4057, Melbourne 3001.

### **Fax or post completed application to:**

Manager, Drugs and Poisons Unit  
PO Box 1670N  
MELBOURNE 3001  
Fax: 1300 360 830

### **For further information, please contact:**

Drugs and Poisons Unit  
Telephone: 1300 364 545