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| **Application for approval as a pharmacotherapy prescriber** |
| Methadone and buprenorphine for the treatment of opioid use disorder |
| OFFICIAL |

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| Name of prescriber | First Name Surname |
| AHPRA registration number | AHPRA Number |
| Prescriber email address | Email Address |
| Principal place of practice (name and address) | Practice Name |
| Practice Address Postcode |
| Practice contact number | Telephone: 03-XXXX-XXXX |
| Date of attendance at training program | Click or tap to enter a date |

# Practitioner details

## Declaration by applicant

I, Insert name here .hereby declare that I have familiarised myself with the [*Victorian Policy for Maintenance Pharmacotherapy for Opioid Dependence*](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/pharmacotherapy-policy-in-victoria) and the relevant provisions of the [*Victorian Drugs, Poisons and Controlled Substances Act 1981*](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/drugs-and-poisons-act-regulations) including the Regulations made thereunder.

I further declare that I can confidently access the [*National clinical guidelines for Medication-Assisted Treatment of Opioid Dependence*](https://www.health.gov.au/sites/default/files/national-guidelines-for-medication-assisted-treatment-of-opioid-dependence.pdf), and the[*Victorian brief clinical guidelines for long-acting injectable buprenorphine*](https://www2.health.vic.gov.au/Api/downloadmedia/%7BC4D766A2-5113-4F8C-B181-8D8AC9DF346D%7D).

If approved to participate, I undertake to abide by those polices which the Department of Health may advise from time to time, and any conditions, limitations or restrictions placed on that approval by the Department.

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| ***Please email the completed application to:*** [pharmacotherapy@health.vic.gov.au](mailto:pharmacotherapy@health.vic.gov.au)  **For further information, please contact the Victorian Pharmacotherapy Program:** | |
| **Email:** [pharmacotherapy@health.vic.gov.au](mailto:pharmacotherapy@health.vic.gov.au) |  |

Once processed, you will receive a letter to officially confirm your departmental accreditation/approval status to prescribe pharmacotherapy.

Department of Health 

**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 Health (the department). 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 the department 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 the department:

* 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, e.g., 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.

The department may disclose the above information to:

* The Pharmaceutical Society of Australia (PSA)
* The Royal Australian College of General Practitioners (RACGP)
* [Pharmacotherapy Area-Based Network (PABNs)](https://www.pabn.org.au/)
* [DirectLine](https://www.directline.org.au/)
* [Harm Reduction Victoria - Pharmacotherapy Advocacy Mediation & Support (PAMS)](https://www.hrvic.org.au/pams)

**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

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