

# METHADONE AUTHORIZATION FORM

## APPLICATION / RENEWAL

As of May 2018; the Government of Canada (Office of Controlled Substances) removed the regulatory requirement of authorization for practitioners to prescribe, administer, sell or provide methadone to their patients for opioid dependency or pain management (section 56 class exemption); however, **AUTHORIZATION APPROVAL IS STILL REQUIRED IN YUKON THROUGH THE YUKON MEDICAL COUNCIL.**

This form must be legible to be reviewed by Council. To complete this form either type or print in dark blue or black. The fully completed form is required (all pages); no other application form or request will be accepted.

**APPROVED APPLICATION AND RENEWAL REQUESTS WILL BE FOR A THREE-YEAR TERM, UNLESS STATED OTHERWISE**

### SECTION A – PHYSICIAN INFORMATION

Resident                  Non-Resident

IDENTIFICATION	
First Name	Last Name
Email Address	
Mailing Address	
Phone Number	Yukon Licence Number
Institution of Practice within Yukon	

### SECTION B – AUTHORIZATION REQUEST

Opioid Use Disorder                  Pain Management

#### 1. APPLICATION

New authorizations can be applied for if;

- a. You've never received authorization in Yukon previously (*short term locums refer to B.2, next page*)
- b. Your authorization expired more than six months ago

1. Have you prescribed methadone in any other jurisdiction?	Yes	No
2. If yes, in what jurisdiction and for what indication	OUD	Pain
3. Opioid Use Disorder application requirements		
a. Proof of successful completion of online training for the BC Provincial Opioid Addiction Treatment Support Program		
b. Proof of completed 2 half-day preceptorship in British Columbia or by a Yukon preceptor		
4. Pain Management application requirements		
a. Proof of successful completion of online training for Canadian Virtual Hospice Methadone for Pain in		

## METHADONE AUTHORIZATION FORM APPLICATION / RENEWAL

Palliative Care course b. Be familiar with the BC Methadone for Analgesia Guidelines.
<b>5. Additional Experience / Comments</b>          
<b>2. SHORT TERM LOCUM</b>
Physicians traveling to and practice medicine in Yukon for no longer than an accumulative three-month period within a licensing year. a. Applications reviewed case-by-case base by the Council b. Approvals are valid only for time-period indicated within this application
<b>1. What is the period of time you require temporary authorization?</b>   
<b>2. Opioid Use Disorder</b> a. Successful completion of online training for BC Provincial Opioid Addiction Treatment Support Program (proof required if completed) <span style="float: right;"><b>Completed</b>    <b>Yes</b>    <b>No</b></span> b. Completed 2 half-day preceptorship in British Columbia or by a Yukon preceptor (proof required if completed) <span style="float: right;"><b>Completed</b>    <b>Yes</b>    <b>No</b></span>
<b>3. If No to 2a. or 2b., please provide Council with an explanation as to the reasons for the absence of required training and preceptorship:</b>          
<b>4. Pain Management application requirements</b> a. Successful completion of online training for Canadian Virtual Hospice Methadone for Pain in Palliative Care course (proof required if completed) <span style="float: right;"><b>Completed</b>    <b>Yes</b>    <b>No</b></span> b. Be familiar with the BC Methadone for Analgesia Guidelines.
<b>5. If No to 4a., please provide Council with an explanation as to the reasons for the absence of required training:</b>          

## **METHADONE AUTHORIZATION FORM APPLICATION / RENEWAL**

### **3. RENEWAL**

Renewal of authorization can be applied for;

- a. On or before the currently authorized term end date; or
- b. Within six months of the previously concluded term

Full application for authorization will be required for lapse in authorization longer than a six month period

**1.** What is the expiry date of current authorization?

**2.** Opioid Use Disorder renewal requirements

- a. Proof of successful completion of online training for BC Provincial Opioid Addiction Treatment Support Program

**3.** Pain Management renewal requirements

- a. Proof of successful completion of online training for Canadian Virtual Hospice Methadone for Pain in Palliative Care course

### **SECTION C – CERTIFICATION**

**1.** I have read and understand the Yukon Medical Council's Standard of Practice on Opioid Agonist Treatment

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Submit your Authorization Form or Contact the Yukon Medical Council at:**

Yukon Medical Council  
Box 2703 (C-18)  
Whitehorse, Yukon Y1A 2C6

Email: ymc@gov.yk.ca  
Phone: 867.667.3774  
Fax: 867.393.6483

Physical Location:  
307 Black Street  
Whitehorse, Yukon

Hours of Operation:  
8:30 am to 4:30 pm  
Monday to Friday

### **YUKON MEDICAL COUNCIL ONLY**

APPROVED

NOT APPROVED

**Physician Number:**

**Reason for not approving:**

**Date Approved**

**Date Expires**

**Authorized Yukon Medical Council Member**

Name

Signature