

METHADONE FOR OAT AUTHORIZATION FORM APPLICATION / RENEWAL

As of May 19, 2018, the Government of Canada no longer requires that methadone prescribers obtain an exemption under section 56 of the *Controlled Drugs and Substances Act*. However, physicians wishing to prescribe Methadone OAT for opioid use disorder must apply for and receive authorization through the Council prior to treating patients.

This form must be legible to be reviewed by Council. To complete this form, either type or print in dark blue or black. No other application form or request will be accepted.

**APPROVED APPLICATION AND RENEWAL REQUESTS WILL BE VALID FOR A 3-YEAR TERM,
EXPIRING ON THE 31ST OF MARCH IN THE 3RD LICENSING YEAR FOLLOWING DATE OF ISSUE
UNLESS STATED OTHERWISE***

SECTION A – PHYSICIAN INFORMATION			
IDENTIFICATION			
First name:		Last name:	
Phone number:		Yukon Licence #:	
Email:		Physician status:	<input type="checkbox"/> Resident (Annual) <input type="checkbox"/> Locum <small>*Locum licenses are only valid for 3 months – this authorization expires with the licence</small>
Mailing address:		Institution of practice in the Yukon:	

SECTION B – AUTHORIZATION REQUEST	
APPLICATION	
<p><i>You can apply for a new authorization if:</i></p> <p style="margin-left: 20px;">a. you've never received authorization in the Yukon previously; or</p> <p style="margin-left: 20px;">b. your authorization expired more than six months ago.</p>	
1. Have you prescribed Methadone for OAT in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, in what jurisdiction and for what indication?	
3. Application requirements	
a. Completed the BC Provincial Opioid Addiction Treatment Support Program online training (attach proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Completed a 2 half-days preceptorship, either in BC, supervised by a BC-approved preceptor, or in the Yukon, supervised by a Council-approved Yukon preceptor (attach proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Additional experience / Comments:	



METHADONE FOR OAT AUTHORIZATION FORM APPLICATION / RENEWAL

RENEWAL

You must have your application renewed either

- a. on or before the currently authorized term end date; or
- b. within six months of the previously concluded term. You are required to submit a full application if your authorization has lapsed for a period exceeding 6 months.

1. When does your current authorization expire?	Date of expiry: _____
2. Indicate the average number of patients for whom you prescribe OAT in a year.	Average OAT patients in a year: _____

SECTION C – CERTIFICATION

I have read and understand the Yukon Medical Council's standard of practice on Opioid Agonist Treatment.

Physician signature

Date

Submit your authorization form:

Via email:
ymc@yukon.ca

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

In person:
Yukon Medical Council
307 Black Street, 1st floor
Whitehorse, Yukon

YUKON MEDICAL COUNCIL ONLY

APPROVED

NOT APPROVED

Physician number: _____

Reason for not approving:

Date approved: _____

Expiry of authorization: _____

Authorized Yukon Medical Council Member

Name

Signature