

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 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 FOR A 3-YEAR TERM, UNLESS STATED OTHERWISE

SECTION A – PHYSICIAN INFORMATION			
IDENTIFICATION			
First name:		Last name:	
Phone number:		Licence #:	
Email:		Physician status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
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. <i>you've never received authorization in the Yukon previously; or</i></p> <p style="margin-left: 20px;">b. <i>your authorization expired more than six months ago.</i></p>	
1. Have you prescribed OAT in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, in what jurisdiction and for what indication?	Jurisdiction(s): _____ Indication: <input type="checkbox"/> OUD <input type="checkbox"/> Pain
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:	



OAT AUTHORIZATION FORM APPLICATION / RENEWAL

RENEWAL	
<p><i>You must have your application renewed either</i></p> <p>a. <i>on or before the currently authorized term end date; or</i></p> <p>b. <i>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.</i></p>	
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	
<p>I have read and understand the Yukon Medical Council’s standard of practice on Opioid Agonist Treatment.</p>	
_____	_____
Physician signature	Date

Submit your authorization form:

Via email:
ymc@yukon.ca
Via fax:
 867-393-6483

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	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Physician number: _____	Reason for not approving: _____
Date approved: _____	_____
Expiry of authorization: _____	_____
Authorized Yukon Medical Council Member	
_____	_____
Name	Signature