



College of Pharmacists of Manitoba

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APPLICATION FOR AUTHORIZATION TO PRESCRIBE A DRUG INCLUDED IN SCHEDULE 3 TO THE PHARMACEUTICAL REGULATION FOR SMOKING CESSATION

I hereby make application to the College of Pharmacists of Manitoba for authorization to prescribe a drug included in the category for smoking cessation listed in Schedule 3 to the Pharmaceutical Regulation.

(Title)	(Last Name)	(First Name)	(Middle Name(s))
(Mailing Address)	(City)	(Province)	(Postal Code)
(Telephone Number)	(Email Address)	(College Licence Number)	

Please read carefully

To be eligible to apply for certification of authorization to prescribe a drug included in the category for smoking cessation only, a pharmacist must:

- be a licensed, practicing member with the College of Pharmacists of Manitoba;
- have viewed the Fundamentals of Self-Limiting Conditions Prescribing for Manitoba Pharmacists presentation;
- have successfully completed one of the following programs in person or online:
 - CATALYST (all five modules), or
 - PACT (Level 1 and Level 2, and PACT Pharmacist Specialty Module), or
 - QUIT, or
 - Smoking Cessation: Counsel to Quit (if completed prior to accreditation expiration), or
 - Canadian Network for Respiratory Care (CNRC) Tobacco Educator Course
 - TEACH (Core course); and
- have read the product monographs of the drugs that the pharmacist is prescribing, and reviewed other resources when necessary or appropriate.

Drugs that are included Under Schedule 3 to the Regulations for smoking cessation under the category N07BA: Drugs used in nicotine dependence include: Nicotine sublingual/buccal, Nicotine chewing gum, Nicotine inhalation, Nicotine nasal, Nicotine transdermal, and Varenicline.

Bupropion is not included in this category.

Please note: A certificate of authorization can be issued for either the self-limiting conditions with the exception of smoking cessation; smoking cessation; or for both the self-limiting conditions and smoking cessation. This form is to be completed by applicants who want to prescribe drugs in Schedule 3 to the Regulation for smoking cessation only. To apply for authority to prescribe a drug included in Schedule 3 the Regulation for atopic dermatitis, allergic contact dermatitis, irritant contact dermatitis, urticaria; acne vulgaris; tinea pedis; candidal stomatitis; unspecified haemorrhoids without complication; vasomotor and allergic rhinitis; seborrhoeic dermatitis (excluding pediatric); recurrent oral aphthae; and vomiting of pregnancy, unspecified, please see the appropriate application form on www.cphm.ca

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TO PRESCRIBE A DRUG INCLUDED IN SCHEDULE 3 TO THE PHARMACEUTICAL REGULATION
FOR SMOKING CESSATION**

To apply to prescribe the drugs listed in Schedule 3 to the Regulation for **smoking cessation**, please attach copies of the following two required documents:

- Statement of participation for the viewing of the Fundamentals of Self-Limiting Conditions Prescribing for Manitoba Pharmacists presentation, issued by CPhM; and
- Certificate of successful completion for one of the following programs:
 - CATALYST (all five modules), or
 - PACT (Level 1 and Level 2 and PACT Pharmacy Specialty Module), or
 - QUIT, or
 - Smoking Cessation: Counsel to Quit (if completed prior to accreditation expiration), or
 - Canadian Network for Respiratory Care (CNRC) Tobacco Educator Course
 - TEACH (Core course)

Professional Declaration

In the matter of my application to the College of Pharmacists of Manitoba to prescribe a drug included in the category for smoking cessation listed in Schedule 3 to the Pharmaceutical Regulation

I, _____
(Applicant's Full Name)

of _____ in the Province of _____ declare that
(City or Town) (Province)

1. as a regulated member of the College of Pharmacists of Manitoba, licensed as a practicing member, I will abide by the standards of practice, practice directions, and other legislation and requirements that apply to prescribing and restrict my practice to those areas in which I am competent;
2. I am the person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications;
3. I have successfully completed the applicable training program(s) approved by Council and possess the necessary knowledge and skill to prescribe safely and effectively for the self-limiting conditions for which I have applied;
4. the status of my eligibility for certification of authorization to prescribe a drug included in the category for smoking cessation listed in Schedule 3 to the Pharmaceutical Regulation is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct; and
5. I will only prescribe in an area that maintains patient confidentiality and privacy to the extent required.

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____.
(Date) (Month) (Year)

(Signature)