



# 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), 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](http://www.cphm.ca)\*

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), 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)