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 SELF-LIMITING CONDITIONS (NOT INCLUDING SMOKING CESSATION)

APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	E-Mail Address		College Licence number

I hereby make application to the College of Pharmacists of Manitoba for authorization to prescribe a drug included in the category for a condition (see below) listed in Schedule 3 to the Pharmaceutical Regulation.

Please read carefully:

To be eligible to apply for certification of authorization to prescribe a drug included in the category for self-limiting conditions listed in Schedule 3 to the Regulation, with the exception of smoking cessation, a pharmacist must:

1. be a licensed, practicing member with the College of Pharmacists of Manitoba; and
2. have successfully completed the Self-Limiting Conditions Independent Study Program for Manitoba Pharmacists, including viewing the Fundamentals of Prescribing for Manitoba Pharmacists presentation.

*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 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. To apply for authority to prescribe a drug included in Schedule 3 the Regulation for smoking cessation, please see the appropriate application form on www.cphm.ca*

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To apply to prescribe the drugs for the self-limiting conditions listed in Schedule 3 to the Regulation, with **the exception of smoking cessation**, please attach a copy of the following required document:

- Certificate of successful completion of the Self-Limiting Conditions Independent Study Program for Manitoba Pharmacists, issued by the CPhM

Professional Declaration

In the matter of my application to the College of Pharmacists of Manitoba to prescribe a drug included in the category for a condition listed in Schedule 3 to the Pharmaceutical Regulation, with the exception of smoking cessation, I declare:	**YES**	**NO**
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 a condition listed in Schedule 3 to the Pharmaceutical Regulation, with the exception of smoking cessation, is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct.		
5. I will only prescribe in an area that maintains patient confidentiality and privacy to the extent required.		
6. By signing this application, I make this professional declaration conscientiously believing it to be true.		

Name of Applicant	**City / Town, Province**
Signature of Applicant	**Date**