



# 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

### 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 smoking cessation 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 smoking cessation only, a pharmacist must:**

1. be a licensed, practicing member with the College of Pharmacists of Manitoba.
2. have successfully completed the Smoking Cessation Independent Study Program for Manitoba Pharmacists, including viewing the Fundamentals of Prescribing for Manitoba Pharmacists presentation.

**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 a copy of the following required document:

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| 1. Statement of participation for the Smoking Cessation Independent Study Program for Manitoba Pharmacists, issued by CPhM |
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## 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 declare:	YES	NO
1. As a registrant of the College of Pharmacists of Manitoba, with a practicing license, 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) or certification approved by Council and possess the necessary knowledge and skill to prescribe safely and effectively for smoking cessation.		
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.		
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