



Application for Suboxone +/- Methadone for OUD Prescribing Approval

Please complete this **Application Template**. Return to **Talia Carter** (tcarter@cpsm.mb.ca),
CPSM Prescribing Practices Program.

Dear Dr Mihalchuk,

My name is Dr _____ . Please accept this letter as my
application to the Registrar to request Suboxone (+/- methadone) prescribing approval.

My current practice location includes:

(please list primary practice area & location as applicable).

I graduated from _____ (institution), in _____ (year).
I completed my _____ (discipline) residency in _____
(year), at _____ (institution) and have additional
specialized training in _____ (optional, as applicable).

I plan to use Suboxone to treat patients with Opioid Use Disorder (OUD) in my primary
practice. Prescribing Suboxone as opioid agonist therapy (OAT) may also be useful in my
other practice areas/locations in future, including:

(please identify any other practice areas/sites in which Suboxone may be utilized)

I am aware that a CPSM-approved online course is strongly recommended to support my
clinical competency in the treatment of OUD with **Suboxone**, along with seeking guidance
from an experienced OAT provider as needed.

I am aware that the OAT 101: Introduction to Clinical Practice Workshop and
preceptorship are required if I pursue **methadone approval**. If so, my **2 physician
references** for character and competency are:

1) MD Name & Email: _____

2) MD Name & Email: _____

(Physicians who know you and your practice – CPSM will contact them directly)

Thank you for supporting this request.

Sincerely,

(Name & designation)