

# TRAINING PROCESS FOR OAT APPROVALS

To Prescribe or Dispense Methadone (MTD) and/or Buprenorphine/Naloxone (BPN)



APPLICATION TO PURSUE APPROVAL



MDs: Letter to CPSM Registrar with 2 References



NPs: [CRNM Methadone Application](#) Part A with 2 references Not needed for BPN



Pharmacists: see [www.cphm.ca](http://www.cphm.ca)

## COURSE SELECTION & COMPLETION

### [CSPM Opioid Agonist Therapy 101](#)

COMPLETE REQUIRED PRE-READINGS

### Approved Buprenorphine/Naloxone Course

[BCCSU Opioid Addiction Treatment](#)

or [BCCSU Addiction Medicine Diploma](#)

or [CAMH Buprenorphine Treatment](#)

or CSAM Buprenorphine Prescribing Course

## CLINICAL PRECEPTORSHIP WITH APPROVED SUPERVISOR (Optional for Pharmacists)

4 x ½ Day Clinics with an Approved MTD & BPN Prescriber

**Route A**  
1 x ½ Day Clinic for BPN  
1-year Mentorship

or **Route B**  
First 5 BPN Starts are Mentored

Maintain & Demonstrate [Practice Expectations for RN\(NP\)s](#)

## NOTIFY COLLEGE OF COMPLETED STEPS

Email Registrar  
[MReinecke@cpsm.mb.ca](mailto:MReinecke@cpsm.mb.ca)

Email Part B  
[Methadone Application](#)

Pharmacists  
Document Training

Email Registrar  
[MReinecke@cpsm.mb.ca](mailto:MReinecke@cpsm.mb.ca)

Email Course Certificate  
[practice@crnm.mb.ca](mailto:practice@crnm.mb.ca)

Pharmacists  
Document Training

**PRESCRIBE METHADONE & BUPRENORPHINE/NALOXONE**  
upon notification from College

**PRESCRIBE BUPRENORPHINE/NALOXONE ONLY**  
upon notification from College



TRAINING



APPROVAL