Government of **Western Australia**
Department of **Health**
Public Health

Application
for a prescriber to increase client numbers
Community Program for Opioid Pharmacotherapy (CPOP)

1. Applicant details

First name: Surname:

Prescriber number: AHPRA number:

Practice address: Suburb: Postcode:

Telephone: Fax: Email:

Do you work at more than one practice? ☐ Yes, please specify: ☐ No

2. Other practitioner details

Are other medical practitioners at this practice authorised CPOP prescribers: ☐ Yes ☐ No

If yes, please provide details:

3. Client details

Current: Proposed: Reason for increase:

4. Medical practice details

Current working hours: Proposed working hours:

Arrangements to ensure continuity of care for clients during an absence?

Support available (e.g. case management, after hours contact, nursing staff, administrative staff and other prescibers):

5. Other information

Relevant continuing education activities (opioid oriented and addiction studies) attended in the previous three years:

Please attach any other information that may support your application

6. Prescriber declaration

I wish to formally apply for an increase in the number of opioid dependent persons I am permitted to dose per day as described in the *Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence*. I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that my application and any supporting papers will be forwarded to the CPOP Management Committee for consideration.

Signature: Date:

Send completed form to: Medicines and Poisons Regulation Branch, Department of Health,
PO Box 8172, Perth Business Centre WA 6849, Facsimile: 9222 2463
Enquiries: Tel: 9222 6812 Email: mprb@health.wa.gov.au