

APPLICATION FORM
NURSE PRACTITIONER AUTHORISATION TO PRESCRIBE SCHEDULED SUBSTANCES

SECTION A – IMPORTANT INFORMATION

- Nurse practitioners must be authorised to possess, prescribe and supply scheduled substances in Tasmania. The Chief and Deputy Chief Pharmacist issue authorisations as the delegate for the Secretary of the Department of Health under Section 25B (S25B) of the *Poisons Act 1971*.
- This application form is to be used by nurse practitioners working in public and / or private sectors.
- This application form is to be used for:
 - new applications for authorisation
 - renewal of authorisation
 - amendment to the authorised substances
 - amendment to scope and / or context of practice
- Authorisations are issued for a nurse practitioner for their scope and context of practice. A new application is required to amend the authorisation if there is a change to scope and / or context of practice.
- Please forward completed application forms to the Chief Pharmacist at pharmserv@health.tas.gov.au
- For further information or assistance please contact Pharmaceutical Services Branch on 6166 0400 or email pharmserv@health.tas.gov.au

SECTION B – APPLICANT DETAILS

APPLICANT DETAILS	FAMILY NAME/SURNAME:
	GIVEN NAME:
	DATE OF BIRTH:
	AHPRA REGISTRATION NUMBER:

CONTACT DETAILS	WORK PHONE:
	EMAIL ADDRESS:

<p>NURSE PRACTITIONER POSITIONS INCLUDED IN THIS APPLICATION</p> <p>Please include all current nurse practitioner positions (e.g. both private and public) on this form.</p>	EMPLOYMENT POSITION ONE:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:
	EMPLOYMENT POSITION TWO:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:
	EMPLOYMENT POSITION THREE:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:

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SECTION C – SCOPE AND CONTEXT OF PRACTICE DEFINITIONS

The Nursing and Midwifery Board of Australia (NMBA) *Nurse practitioner standards for practice (2014)* describe **scope of practice** as ‘that in which nurses are educated, competent to perform and permitted by law.’

The NMBA *Safety and quality guidelines for nurse practitioners (2016)* advise that **context of practice** refers to the conditions that define an individual’s practice and includes practice setting, location of practice, characteristics of consumers, focus of nursing activities, degree of autonomy and supporting resources.

SECTION D

Do you have a current (in-date) S25B authorisation?

- Yes – **Go to next question below**
- No – **Go to [Section G](#)**

Has there been a change to your scope and / or context of practice?

- Yes – **Go to [Section G](#)**
- No – **Go to next question below**

Is your authorisation due to expire soon (i.e. within the next two months)?

- Yes – **Continue to [Section E](#)**
- No – **Go to [Section F](#)**

SECTION E – RENEWAL OF AUTHORISATION

- I am requesting to renew my S25B authorisation to possess, prescribe, and supply scheduled substances in Tasmania; and
- I confirm my scope and context of practice is unchanged from my previous S25B application.

Continue to [Section F](#)

SECTION F – AMENDMENT TO SCHEDULED SUBSTANCES REQUESTED

Do you wish to request amendment of your S25B authorisation to include additional Schedule 4D (declared restricted substances) and / or Schedule 8 substances?

- Yes – **Continue below**
- No – **Go to [Section J](#)**

I am requesting the additional Schedule 4D and / or Schedule 8 substances listed below be included in my S25B authorisation (in addition to those substances included in my current authorisation):

Go to [Section I](#)

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SECTION G EMPLOYMENT POSITION ONE

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Complete Employment Position [TWO](#) if applicable.
If only **ONE** employment position, go to [Section H](#)

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SECTION G – continued EMPLOYMENT POSITION TWO

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Complete Employment Position **THREE** if applicable.
If only **TWO** employment positions, go to [Section H](#)

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SECTION G – continued EMPLOYMENT POSITION THREE

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Continue to [Section H](#)

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SECTION H – SCHEDULED SUBSTANCES REQUESTED

Specify the scheduled substances to be requested in the S25B authorisation. Tick all applicable boxes.

SCHEDULES 2, 3 AND 4 WITHIN MY SCOPE OF PRACTICE

SCHEDULE 4D (DECLARED RESTRICTED SUBSTANCES)

List each individual Schedule 4D substance you are requesting be included in your authorisation (or write nil). Link to current Schedule 4D list available at https://www.dhhs.tas.gov.au/psbtas/legislation_links

SCHEDULE 8

List each individual Schedule 8 substance you are requesting be included in your authorisation (or write nil).

Continue to [Section I](#)

SECTION I – SCHEDULE 4D AND 8 PRESCRIBING

Have you requested inclusion of any Schedule 4D or Schedule 8 substances in this application?

Yes – **Continue to next question below**

No – **Go to [Section J](#)**

SCHEDULE 4D AND 8 PRESCRIBING

Schedule 4D and 8 substances have the potential to cause dependence and can be subject to misuse. There is limited evidence to support the use of opioids and / or benzodiazepines in chronic medical conditions, and there are significant documented harms associated with these substances. Injudicious prescribing of these substances may increase the risk of sedation, respiratory depression, falls, accidental poisoning and preventable death.

For EACH individual Schedule 4D and Schedule 8 substance requested in this application, please detail:

1. In which nurse practitioner employment positions you are requesting to prescribe the substance
2. Your education, training and experience relevant to prescribing this substance
3. The clinical indication(s) for which you would prescribe the substance
4. Contemporary evidence-based clinical guidelines you utilise when considering prescribing the substance
5. Collaboration or case-consultation you routinely perform when considering prescribing the substance
6. Risk mitigation strategies you employ to minimise risk of harm when prescribing the substance
7. Monitoring, re-assessment and de-prescribing strategies you utilise when prescribing the substance

Please note that for substances listed in Regulation 24 of the Poisons Regulations 2018, authorisation under Section 59E of the Poisons Act 1971 is required for each patient prior to prescribing. Authorisation will only be granted where there is endorsement from a relevant medical specialist.

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SCHEDULE 4D AND 8 PRESCRIBING - continued

Continue to [Section J](#)

SECTION J – NURSE PRACTITIONER DECLARATION

I declare:

1. The information provided in this application is true and correct.
2. I have read and understood the *Nurse Practitioner Authorisation to Prescribe Scheduled Substances Guideline*.
3. I have provided accurate detail of my scope and context of practice, and will re-apply for authorisation if my scope and / or context of practice changes.
4. I practice within an established clinical governance framework (please refer to page 10 of the guideline).
5. I use best practice prescribing (please refer to page 7 of the guideline).
6. I understand and comply with the legal and regulatory prescribing frameworks that impact on my practice including but not limited to:
 - a. Collaborative arrangement(s) with a medical practitioner(s) for each of my scope and contexts of practice for the purposes of consultation, referral and transfer of care of clients, as per the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*;
 - b. The *Poisons Act 1971*, *Poisons Regulations 2018* and *Poisons (Declared Restricted Substances) Order 2017*; and
 - c. Nursing and Midwifery Board of Australia professional standards for practice, policies, codes, guidelines and frameworks.
7. That I will only possess, prescribe and supply scheduled substances in accordance with my scope of practice and in compliance with conditions of my Section 25B authorisation as issued.

APPLICANT NAME	
APPLICANT SIGNATURE	
DATE	