

APPENDIX 5

Non- Medical Prescriber Approval to Practice / Registration Form

On starting employment in Mersey Care NHS Foundation Trust or after completing the prescribing course, the **Prescriber & Line Manager are to complete and return to NMP Co-ordinator.**

Title: Miss/Ms/Mrs/Mr

Full Name (Print): _____
(As Appears on Professional Register)

Profession/Job Title: _____

Prescribing Qualification: _____
(V100/V150/V300/Pharmacy)

Approved to prescribe as: _____
(Supplementary/Independent Prescriber/Community Nurse Prescriber)

Approved to prescribe for: _____
(e.g. Group of Patients or Specialty)

Locality: _____

Place of Work and Address: _____

Email Address: _____ Main Contact No: _____

PIN/ Registration Number: _____

Professional Body (i.e. RCN/Unison): _____

Usual Signature: _____ Initials: _____

If your Service uses FP10 prescription pads please indicate:

Do you require FP10HNC (GREEN) YES/NO

Do you require FP10MDA (BLUE) YES/NO

Do you require FP10PN (LILAC) YES/NO

APPROVED BY LINE MANAGER: **Print Name** _____

Job Title: _____

Signature: _____ Date: _____

APPROVED BY HEAD OF NURSING (For Nurse Prescribers) / CHIEF PHARMACIST(For Pharmacist

Prescribers): _____

Signature: _____ Date: _____

NMP Coordinator to Complete

Date received: _____

Professional register checked: Yes / No (Date): _____

Added to NMP Email Distribution: Yes / No

BSA Registration form sent: Yes / No (Date): _____

Self-Declaration database updated: Yes / No (Date): _____

Date pads ordered: _____

Return to Julie Matthews via email Julie.Matthews@merseycare.nhs.uk or V7 Building,
Kings Business Park, Prescot, Merseyside L34 1PJ