

Declaration of Competence to Practice Non Medical Prescribers Mersey Care NHS Foundation Trust

APPENDIX 7

NON MEDICAL PRESCRIBER TYPE (please tick)

Nurse/midwife <input style="width: 30px; height: 20px;" type="checkbox"/>	Optometrist <input style="width: 30px; height: 20px;" type="checkbox"/>	Pharmacist <input style="width: 30px; height: 20px;" type="checkbox"/>
Physiotherapist <input style="width: 30px; height: 20px;" type="checkbox"/>	Podiatrist <input style="width: 30px; height: 20px;" type="checkbox"/>	Radiographer <input style="width: 30px; height: 20px;" type="checkbox"/>
Other <input style="width: 30px; height: 20px;" type="checkbox"/> <i>Please Give Details:</i>		

PRESCRIBER DETAILS:

NMP Pin/Code Number <small>(E.g. Regulatory body)</small>	
Type of Prescribing Qualification Held	
Title <small>(E.g. Mr, Ms etc.)</small>	
Name	
Job Title	
Division <small>(E.g. Local, Secure, SpLD, SSCD, LCSD)</small>	
Locality	
Base Address	
Email Address	
Main Contact Number	

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PRESCRIBING DETAILS:

	MEDICINES GROUP	PRESCRIBED FOR	
1. Please list all medicine groups and what they are prescribed for			
2. Do you prescribe controlled drugs?	Yes <input type="checkbox"/> (If yes go to question 3) No <input type="checkbox"/> (if no please go to question 4)		
3. Please confirm which Schedules	Schedule 2 (e.g. morphine, oxycodone)	Schedule 3 (e.g. buprenorphine, midazolam, temazepam, tramadol)	Schedule 4 (e.g. benzodiazepine, zopiclone)
4. Antibiotics	I confirm that I will prescribe antimicrobial therapy according to the Pan Mersey Antimicrobial Formulary		
	Signature		

MERSEY CARE NHS FOUNDATION TRUST NMP POLICY DECLARATION:

"I declare that I have demonstrated my competency to practice as an NMP within the Trust and discussed and agreed my current areas of practice".

NMP Name		Signature		Date	
Line Managers Name		Signature		Date	

Approved by: Trust NMP Lead

Print Name		Signature		Date	
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Approved by: Chief Pharmacist (where applicable)

Print Name		Signature		Date	
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