YUKON MEDICAL COUNCIL

MEDICAL PROFESSION ACT
METHADONE AUTHORIZATION APPLICATION

1. Identification

Full Name	
Email Address	
Home address	
Home telephone	
Yukon Licence Number	XX29-2-XXXX
Yukon Clinic	
Clinic address	
Clinic Telephone	

2. Authorization Request

Indication	☐ Dependence ☐ Analgesia
Type	☐ New ☐ Renewal
Other information: (single patient, corrections facility, emergency etc..)	

3. Experience

4. Declaration

I, _____, hereby declare that I have completed the appropriate training and am familiar with the appropriate guidelines, as listed on page 2 of this application. I have attached proof of my training with this application.

Physician Signature _____ Date_____

www.yukonmedicalcouncil.ca
Located: 307 Black Street, Whitehorse, Yukon Y1A 2N1
Mailing: PO Box 2703, C-18, Whitehorse, Yukon Y1A 2C6

Phone: 867.667.3774
Fax: 867.393. 6483
Email: ymc@gov.yk.ca

5. Qualification Requirements

Opioid Use Disorder (OUD)
If a physician wishes to be authorized to administer methadone for opioid dependence they are required to:

a. Successfully complete the online training for the BC Provincial Opioid Addiction Treatment Support Program. Provide proof to the Council.
b. Complete 2 half-day preceptorship in British Columbia, or by a Council approved Yukon preceptor.
c. Submit application with proof of training to the Council for YMC approval.
d. Approvals are valid for 3 years.

Pain Management (Palliative or Chronic Care)
If a physician wishes to be authorized to administer methadone for pain management, they are required to:

a. Successfully complete the online training for Canadian Virtual Hospice Methadone for Pain in Palliative Care.
b. Familiar with the YMC Standard on Safe Prescribing of Drugs with Potential for Misuse/Diversion.
c. Familiar with the BC Methadone for Analgesia Guidelines.
d. Submit application with proof of training to the Council for YMC approval.
e. Approvals are valid for 3 years.

NOTE: In an urgent or emergency situation in a Yukon hospital where a YMC Authorized Methadone Prescribing Physician is not available, a Temporary Prescribing Physician may prescribe methadone to a patient already receiving methadone *(for OUD or Pain Management)* only for the duration of the patient's hospital admission. See the Methadone Authorization Procedure for more information.

Fax: 867-393-6483	
Email: ymc@gov.yk.ca	
Mail to: Yukon Medical Council Box 2703, C-18 Whitehorse, Yukon Y1A 2C6	**Courier or Bring in person to:** Yukon Medical Council 1st floor - 307 Black Street Whitehorse, Yukon Y1A 2N1

For office use:

Date Authorized	
Authorization Sent to:	
Authorized By:	
Expiry:	