



BC METHADONE PROGRAM

College of Physicians and Surgeons of British Columbia

400-858 Beatty Street
Vancouver, BC V6B 1C1
www.cpsbc.ca

Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

Application for Authorization to Use Methadone for Analgesic Purposes

PHYSICIAN INFORMATION

Name:	_____	_____	_____
	Surname	Given Name(s)	CPSID
	_____		_____
	Address	Contact Number	
Signature:	_____	Date:	_____
			YYYY MM DD

METHADONE EXPERIENCE

Please outline briefly your experience with methadone.

*** All information requested must be submitted before consideration can be given to your application.**

To ensure that this form is processed as quickly as possible, please fax to the BC Methadone Program at 604-733-1267.

If you have any questions, please call the BC Methadone Program at 604-733-7758 or 1-800-461-3008 ext. 2628.

The information on this form is collected under the authority of Section 1-24 of the Bylaws under the *Health Professions Act*, RSBC 1996, c. 183. The information provided will be used to process your application. If you have any questions about the collection and use of this information, please contact the College at 400-858 Beatty Street, Vancouver, BC V6B 1C1 or by phone at 604-733-7758 ext. 2628 or toll free in BC at 1-800-461-3008.