



College of Physicians and Surgeons of British Columbia

300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca

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

REQUEST FOR PRESCRIPTION PRIVILEGES

FELLOW

The following Fellow(s) in the _____ Training Program

Name: _____

Name: _____

Name: _____

(attach separate sheet if necessary)

Request(s) prescription writing privileges.

The Supervising Physician for the Fellow will be responsible for notifying the College in writing of any concerns which arise with respect to the competency of the Fellow to prescribe medications including narcotics.

(signature of Supervising Physician)

(print name)

Date: _____
(day/month/year)

(signature of Postgraduate Dean)

Dr. Ravi Sidhu, Associate Dean, PGME

Date: _____
(day/month/year)

Dr. Elisabet Joa, Assistant Dean, PGME



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UNDERTAKING FORM

I, Dr. _____, of _____, British Columbia, hereby give the following formal undertaking to the College of Physicians and Surgeons of British Columbia:

I agree that I will prescribe medications, including narcotics only to patients seen under the auspices of my training program.

All prescriptions must include the printed name and signature of the Fellow, their CPSID number, and the name of their supervising physician.

Dated at: _____ BC, this _____ day of _____ 201__.

Fellow's Signature: _____ Print Name: _____

Fellow's CPSID: _____