



## College of Physicians and Surgeons of British Columbia

300-669 Howe Street  
Vancouver BC V6C 0B4  
[www.cpsbc.ca](http://www.cpsbc.ca)

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

### REQUEST FOR PRESCRIPTION PRIVILEGES

#### RESIDENT

The following Resident(s) in the \_\_\_\_\_ Training Program

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

Name: \_\_\_\_\_ Res. Level: \_\_\_\_\_

(attach separate sheet if necessary)

Request(s) prescription writing privileges.

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

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(signature of Supervising Faculty Member)

(print name)

Date: \_\_\_\_\_  
(day/month/year)

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(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 Resident, their CPSID number, and the name of their supervising physician.

Dated at: \_\_\_\_\_ BC, this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

Resident's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Resident's CPSID: \_\_\_\_\_