

NOTIFICATION OF SUPPLEMENTARY PRESCRIBER DETAILS

Use this form to advise NWSSP of details of new supplementary prescribers or changes in circumstances. **Note:** One form should be completed for each GP practice from which the prescriber will work.

Please email this form to: prescribing.management@wales.nhs.uk

ACTION (please tick as appropriate)

New qualification	
Working for additional practice	
Ceased working for specified practice	
No longer working as supplementary prescriber	
Change of Surname	

SECTION A – Prescriber Details

Professional Registration Number ¹					
Full Name					
Title (Mr, Mrs, Miss etc)		Contact telephone number			
E-mail address					
Profession (please tick one only)	<input type="checkbox"/> Nurse	<input type="checkbox"/> SCPHN	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Chiropodist	
<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Registered Midwife	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Radiographer	<input type="checkbox"/> Paramedic
<input type="checkbox"/> Optometrist					
Supplementary Prescribing Examination Pass Date					
Prescriber will be using GP system to generate prescriptions	Yes	No	(Delete as applicable)		

SECTION B – GP Practice Details

GP Practice Code ²					
Senior Partner Name					
Address					
Start Date in Practice					
End Date in Practice					

Signature of Supplementary Prescriber: _____

Authorised by

(Full name): _____

Signature : _____

NWSSP USE ONLY

Date Actioned		Initials		Welsh ID	
Date Prescriber Notified of Welsh ID.					

¹ NMC number or Pharmacist registration number

² HSW practice code – a practice code look up facility can be found at <http://howis.wales.nhs.uk/prescribing>