

# NOTIFICATION OF OPTOMETRIST INDEPENDENT PRESCRIBER DETAILS

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

Once complete, please send this form to Optometric Advisor or Optometric Contract Manager at the relevant Health Board for authorisation.

## ACTION (please tick as appropriate)

New qualification	
Working for additional ophthalmic premises	
Ceased working for specified ophthalmic premises	
No longer working as independent prescriber	
Change of Surname	

## SECTION A – Prescriber Details

Professional Registration Number (GOC)			
Full Name			
Title (Mr, Mrs, Miss etc)		Premises telephone number	
E-mail address			
Independent Prescribing Examination Pass Date			

## SECTION B – Ophthalmic Premises Details

Address (including postcode)			
Start Date in Premises <small>See note 1</small>			
End Date in Premises			
Signature of Independent Prescriber:			
Health Board Use Only:			
Name of Cluster			
Authorised by (Full name): <small>See note 2</small>	Signature :		

Position held at Health Board: \_\_\_\_\_

Forward to 4<sup>th</sup> Floor Primary Care Services, NWSSP, Document Scanning, Companies House, Crown Way, Cardiff, CF14 3UB

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## Guidance for Completion

### **Note 1 – Start Date in Ophthalmic premises**

This refers to the date you started as an independent prescriber in the premises.

### **Note 2 – Authorised Signatory**

The authorised signatory must be in a position to confirm on behalf of the employing Health Board that: -

- there is a service need and therefore the opportunity to act as a prescriber
- there is a budget to meet the NHS costs of the prescriptions;

Authorisation can be given by Optometric Advisor or Optometric Contract Manager. Please see the section entitled "*Which professionals can train as supplementary / independent prescribers?*" in the [Guidance on Non-Medical Prescribing In Wales](#)