## Appendix F Formulary Authorisation request



Date: *Insert Date*

*Insert Name of Care Group NMP Lead*

*Insert Address*

Dear (Insert *Name of Care Group NMP Lead)*

Re: Non-Medical Prescribing

 **Name:** (*Name of Non-Medical Prescriber*)

 **No:** (*PIN*)

I am writing to request authorisation to prescribe as per Rotherham Doncaster and South Humber NHS Foundation Trust policy Non-Medical Prescribing.

I will be prescribing within the parameters of (*Directorate and speciality*)

 ………………………. has agreed to be my Supervising Practitioner

I will be the NMP Supervisor. All doses and routes of administration will be within \*British National Formulary (BNF)/Children’s BNF/Nurse Prescribers’ Formulary guidelines.

(*Please list agreed formulary here*)

I also enclose a copy of my Regulator registration e.g. NMC indicating prescribing status.

Thank you for your support in this matter.

Yours sincerely

Colleague -------------------------------------------------- Print Name-------------------------

Supervising Practitioner------------------------------------- Print Name------------------------