## Appendix 13 Supplementary Prescriber to Independent Prescriber



Date

Dear (Name of Head NMP)

My Supervising Practitioner *(name)* and I seek to expand my Non-Medical Prescribing activity to include the Independent Prescribing model as described in the current Non-Medical Prescribing Policy.

I am currently authorised by the Trust to prescribe medication in a Supplementary Prescribing role and meet criteria set out in the NMP policy to prescribe independently.

I enclose a copy of my current supplementary authorisation and request of you authorisation to prescribe independently as detailed in the Trust NMP Policy. The signed statement below provides evidence of the full support for this request by my medical supervisor.

The agreed formulary in line with policy is: - (Sections of the BNF)

Yours sincerely

Colleague …………………………….. Print Name…………………….……

Supervising Practitioner……………………. Print Name…………………….……

Care Group NMP Lead ………………………. Print name………………………….

Approved as laid out above

Signed…………………………………………

Print Name…………………………………….

 **Head /Deputy Head NMP**