## Appendix N New Role/Change in Service



Date:

Head NMP

Woodfield House

Dear *(insert name)*

I seek to expand my Non-Medical Prescribing activity as an Independent Prescriber as described in the current Non-Medical Prescribing Policy.

I have recently changed Services within the Trust and my original authorisation was to prescribe medication within *(insert service/team)*. I will now be prescribing within the parameters of the *(insert service/team)* and the signed statement below provides evidence of the full support for this request by my Supervising Practitioner *(insert name and designation).*

The agreed formulary in line with policy is: (*state drugs/relevant sections of the BNF)*

Yours sincerely

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

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

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

**Care Group Non-Medical Prescribing Lead**

Approved as laid out above

Signed…………………………………Print Name…………………………………….

 **Head/Deputy Head NMP**