## Appendix O Request to resume to prescribe



Date

Address

Dear ( NMP Lead)

I have been qualified as a Non-Medical Prescriber since (Date) and have not actively prescribed since (Date).

I am now working in a position that has been authorised to NMP. It is my intention to seek Trust authorisation to prescribe in this role and I intend to carry out a programme of revision, supported by both my Supervisor/Mentor and Care Group Director, in order to regain an acceptable level of competency and capability to prescribe.

This programme will include: ( Examples )

* Bespoke supervision / training sessions with Supervising Practitioner
* Mentorship from an NMP currently prescribing.
* Revision of NMP course work
* Online drug calculations exercises.

I envisage this programme will take (number of weeks/months) to complete, I will write to you again on completion that will include evidence from myself and my Supervisor.

Yours sincerely

(Sign)

Print Name