**Pro forma (Non-Medical Prescribers)**

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| --- | --- |
| **Practice Name** |  |
| **Practice J Code** |  |
| **Date**  |  |

Do you currently have Non-Medical Prescribers working in your practice or who have recently joined or left the practice?

If yes, please give their details below, completing every box:

**Non-medical prescriber (NMP) type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nurse/midwife |  | Optometrist |  | Pharmacist |  |
| Physiotherapist |  | Podiatrist |  | Radiographer |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title, initial, surname** | **Email address** | **PIN** | **Employer** | **Community Practitioner Nurse Prescriber Formulary (Y/N)** | **Nurse Independent Prescriber Formulary****(Y/N)** | **Start date** | **Finish date**  |
|  |  |  |  |  |  |  |  |
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**Please email completed form to:** **chris.stevens2@nhs.net**