



Professional Practice Policy 66 - Methadone Maintenance Treatment (MMT)

DECLARATION OF COMPLETION AND UNDERSTANDING

I, _____, a registrant of the College of Pharmacists of British Columbia, declare that I have completed either a 'live' training session or participated in the 'online' training session pertaining to *Professional Practice Policy 66 (PPP-66) Methadone Maintenance Treatment* and subsequently understand the contents contained in the companion policy guide.

Signature: _____ Date: _____

NOTE: A copy of this declaration must be retained in the files of your primary pharmacy of employment.