

Application to prescribe the 'CLINICIAN ONLY' Range

Print, sign, scan or select checkboxes and e-sign and email to admin@nutrisearch.co.nz

By ticking and signing this form, you agree to comply with the conditions of supply for the INTEGRA NUTRITIONALS product range.

PLEASE NOTE THAT THIS APPROVAL IS GRANTED TO INDIVIDUAL CLINICIANS, NOT TO THE PRACTICE.

Approval is Non-Transferable: If a clinician leaves a practice, he or she must notify Cell-Logic of the new address.

PROFESSIONAL QUALIFICATIONS An applicant requesting I.N. supply must:

- ☐ Be a *registered* health professional **able to demonstrate** qualifications in nutrition, dietetics, biochemistry, nutrigenomics or equivalent
- ☐ OR if a member of a non-registered health profession, be a current financial member of a professional association representing health professionals practising any of the above disciplines and/or naturopathy and/or herbal medicine. (Nursing and health coaching not accepted)
- ☐ OR as an Educator in the health professions, you may purchase the I.N. range on behalf of your institution's training clinic. OR as a pharmacist dispensing on behalf of a clinician who must also be approved to prescribe I.N. products. Please contact our office to obtain further information and conditions of purchase.

CLINIC PREMISES

- ☐ The premises, whether for *face-to-face* or online consultations must be an enclosed, quiet and private area. A retail outlet staffed by qualified clinicians but without an appropriate consulting area as described above is not eligible for I.N. supply.

THE CONSULTATION Eligibility for I.N. supply requires that the clinician conducts a full consultation according to the following criteria:

- ☐ The nature of the consultation, the content, the allocated timeframe and the generation of an appropriate management plan must meet professional standards as required by the relevant professional association. A questionnaire may form part of the consultation process but is not an adequate substitute.
- ☐ The clinician must keep detailed dated case notes, including prescription and dosage notations for each patient; changes to prescription and dosage must be recorded at the relevant consultation. Such records must be stored securely and retained according to legal requirements of the relevant jurisdiction.
- ☐ In recommending I.N. products, the clinician must issue a written/typed prescription which details the name of the formulation and the dosage. No I.N. technical data or promotional materials marked as 'Clinician Only', may be provided/supplied to the patient.

DISPENSING PRODUCTS IN THE 'I.N.' RANGE:

- ☐ Products in the I.N. range classified 'for clinician dispensing' may be dispensed in smaller and appropriately-labelled containers as per professional guidelines.
- ☐ Products in the I.N. range may not be openly displayed to the patient or others in the waiting area (prior to dispensing).
- ☐ At no time should any I.N. product appear online in a non-password protected area, nor may it be sold in any non-clinical environment.
- ☐ In a pharmacy, the Pharmacist agrees to treat I.N. products similarly to S4 medication and only dispense them upon receipt of a prescription from a qualified practitioner.

Title:	First name:	Last name:
Email:		
Clinic website:		
Clinic name and address:		
Clinic Phone Number:	Personal Phone Number:	
Professional Association:	Member Number:	Expiry:
Qualifications (Institution in brackets)		
Preferred Distributor/s name:		Date:

I, _____, whose particulars appear above, accept the Terms & Conditions listed in this document. I understand that any breach of these Terms & Conditions on my part may result in cessation of supply of the I.N. product range.

Signature: _____

Approved by: _____

(Cell-Logic Representative)

