# Drug checking licensing scheme testing methods amendment form

If a licensed provider wishes to use a drug checking testing method not on the approved lists ([Table 2 and Table 3 on the Ministry of Health drug checking webpage](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/drug-checking)), or to use a method they are not currently licensed for, they will need to satisfy the Director-General of Health (or delegated authority) that the technology is safe to implement and fit for its intended purpose. Licensed providers must show that their workforce is competent to use the drug checking testing methodology before they will receive approval. New testing methods can only be used by a licensed provider once written approval is received from the drug checking licensing team and the provider is licensed to do so.

Complete the following information for any requested additions of drug checking testing methods to a provider’s licence:

|  |  |  |  |
| --- | --- | --- | --- |
| General licence holder information | | | |
| Licence holder name | Click or tap here to enter text. | | |
| Licence number |  | **Date of submission** | Click or tap to enter a date. |
| Designated contact person for licence holder   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | | |

| Amendments to licensed drug checking methods | Comment | Supporting documentation |
| --- | --- | --- |
| Background information | | |
| Specify which drug checking testing method(s) provider is currently licensed for. | Add | Add |
| Specify which drug checking testing method(s) provider requests to be added to existing licence. | Add | Add |
| Specify what substances the requested drug checking testing method(s) is designed to test for. | Add | Add |
| Implementation | | |
| Provide a brief outline of how this testing method would be used, including:   * what scenarios it will be used in * how it will fit in with current testing methods. | Add | Add |
| **Competence and training** | | |
| Provide a description of provider’s competence and training including:   * experience with testing method(s) or transferrable experience (if applicable) * evidence of worker competence or plan to achieve competence, in the use of this testing method(s). * Workforce training expectations which apply to this testing method(s). | Add | Add |
| **Limitations** | | |
| Discuss the limitations to this testing method, including:   * health and safety considerations * time required to obtain a result * any other limitations, including mitigations to manage these. | Add | Add |
| **Scientific evidence (if method is not currently approved under** [**Table 2 and 3 on the Ministry of Health drug checking webpage**](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/drug-checking)**)** | | |
| Provide scientific evidence of validity and reliability of this testing method to ensure high quality testing outcomes. | Add | Add |
| **Other** | | |
| Any other information which you may consider relevant to why the proposed testing method would be suitable/beneficial to your licence. | Add | Add |

## **Submission**

Once completed, please email the testing methods amendment form and all supporting documents to: [drugcheckingadmin@health.govt.nz](mailto:drugcheckingadmin@health.govt.nz)

Please use the subject line ‘DCLS testing methods amendment form: [provider name]’.

## **Declaration**

I declare that the information provided in the testing methods amendment form and supporting documentation is complete, true, and accurate. I am aware that if the information provided is found to be materially false or misleading, the licence can be suspended or cancelled at any stage.

|  |  |  |
| --- | --- | --- |
| Declaration | | |
| Licence holder contact person name | Add |
| Date | Click or tap to enter a date. |
| Licence holder contact person signature | Add |