



Pennsylvania
Department of State
State Board of Pharmacy

CERTIFICATION OF EDUCATION AND TRAINING FOR THE REACTIVATION OF THE AUTHORIZATION TO ADMINISTER INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS FOR PHARMACISTS WHOSE AUTHORIZATION EXPIRED 2 OR MORE YEARS AGO AND WHO COMPLETED A NEW TRAINING PROGRAM OTHER THAN THE APHA'S PHARMACY-BASED IMMUNIZATION DELIVERY CERTIFICATE PROGRAM

APPLICANT INFORMATION

NAME:	Last	First	Middle
AUTHORIZATION TO ADMINISTER INJECTABLES LICENSE NUMBER:			
ADDRESS:			
CITY / STATE / ZIP:			

Forward this form to the injectables education/training program provider for completion. The form must then be submitted directly to the Board of Pharmacy office by the education/training provider in an envelope with the education/training program provider's preprinted return address.

DO NOT RETURN THIS FORM TO THE APPLICANT.

Name of the education/training program provider (for the authorization to administer injectable medications, biologicals and immunizations):

Date of course completion for the above-noted applicant: _____
(month/day/year format)

Answer the following questions regarding the education/training program for the authorization to administer injectable medications, biologicals and immunizations program completed by the above-noted applicant:

1. Is the course provider accredited by the Accreditation Council for Pharmacy Education? Yes No
2. Was the injectables training program an evidence-based course that met the following criteria:
 - a. Included study material? Yes No
 - b. Included hands-on training and techniques for administration? Yes No
 - c. Required testing with a passing score? Yes No
 - d. Provided a minimum of 10 hours of instruction and experiential training? Yes No
 - e. Complied with current guidelines and recommendations by the Centers for Disease Control and Prevention, ACPE or a similar health authority or professional body? Yes No

3. Did the course provide instruction on the following topics:

- | | | |
|--|------------------------------|-----------------------------|
| a. Basic immunology and the human immune response? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Mechanics of immunity, adverse effects, dose and administration schedule of available vaccines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Response to an emergency situation as a result of the administration of an injectable medication, biological or immunization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Administration of subcutaneous, intradermal and intramuscular injections? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Disease epidemiology? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Standards for immunization practices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Vaccine-preventable diseases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Recommended immunization schedules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Vaccine storage and management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Biohazard waste disposal and sterile techniques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Informed consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Education/Training Program Representative

Date (month/day/year format)

Printed Name of Education/Training Program Representative

Street Address of Education/Training Provider

City, State and Zip Code of Education/Training Provider

Bureau of Professional and Occupational Affairs | Department of State

P.O. Box 2649 | Harrisburg, PA 17105 (Mailing Address)

2 Technology Park | Harrisburg, PA 17110 (Courier Address)

833.367.2762 | www.dos.pa.gov | www.pals.pa.gov