



Pennsylvania  
Department of State  
State Board of Pharmacy

**AUTHORIZATION TO ADMINISTER INJECTABLE MEDICATIONS,  
BIOLOGICALS AND IMMUNIZATIONS -  
CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE**

This form is to be completed by pharmacists who are applying for the authorization to administer injectables if one of the following statements apply:

1. The pharmacist's original application for the authorization to administer injectable medications, biologicals and immunizations was completed prior to August 25, 2015, and/or lacks the insurance verification statement.
2. The pharmacist applied online for the authorization to administer injectable medications, biologicals, and immunizations.

I, \_\_\_\_\_, verify that while I hold an  
Full Name

active authorization to administer injectable medications, biologicals and immunizations I will maintain professional liability insurance coverage in the amount of at least \$1,000,000 per occurrence or claims made in accordance with Section 9.2(a)(6) of the Pharmacy Act. I understand that failure to maintain insurance coverage as required will subject me to disciplinary proceedings. I will provide proof of insurance coverage to the Pennsylvania State Board of Pharmacy (Board) upon request of authorized representatives of the Board.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pennsylvania Pharmacist License Number (or Social Security Number if Pennsylvania pharmacist license is pending)