

APPLICATION FOR AUTHORIZATION TO ADMINISTER DRUGS BY INJECTION

Checklist

Pre-requisites for application for authorization to administer drugs by injection:

Licensed Alberta Pharmacist	
	be currently licensed on ACP's clinical register or on the courtesy register as a pharmacist locum
	have successfully completed an ACP approved course or a CCCEP competency-mapped accredited immunization and injection program within 12 months prior to application ,
	possess valid certification in emergency or standard first aid
	possess valid certification in CPR certification (minimum level C)*
Pharmacist transferring from another Canadian Province	
	be currently licensed on ACP's clinical register or on the courtesy register as a pharmacist locum
	be currently registered as a practising pharmacist in the Canadian jurisdiction he/she is transferring from
	currently hold an injection authorization from the Canadian jurisdiction he/she is transferring from
	possess valid certification in emergency or standard first aid
	possess valid certification in CPR certification (minimum level C)*
Graduate from Canadian pharmacy university	
	be currently licensed on ACP's clinical register or on the courtesy register as a pharmacist locum
	must apply for authorization in Alberta within 6 months of graduation from Canadian pharmacy university
	have successfully completed courses/training on the administration of drugs by injection as part of their university curriculum
	possess valid certification in emergency or standard first aid
	possess valid certification in CPR certification (minimum level C)*
* The minimum level of CPR required is Red Cross CPR Level C, St. John's Ambulance CPR-C or equivalent.	

To apply for authorization to administer drugs by injection please submit:

Licensed Alberta Pharmacist	
	a copy of your certificate(s) of completion of an approved training program completed within the previous 12 months,
	a copy of your certificate(s) of completion of course(s) in the administration of first aid and CPR that is valid at the time of application and meets the requirements outlined above,
	a completed application form with signed professional declaration, and
	this checklist.
Pharmacist transferring from another Canadian Province	
	a current letter of standing from the Canadian jurisdiction where you are transferring from which identifies this authorization is held in that jurisdiction
	a copy of your certificate(s) of completion of course(s) in the administration of first aid and CPR that is valid at the time of application and meets the requirements outlined above,
	a completed application form with signed professional declaration, and
	this checklist.
Graduate from Canadian pharmacy university	
	a copy of your certificate(s) of completion of an approved training program within your university curriculum
	a copy of your certificate(s) of completion of course(s) in the administration of first aid and CPR that is valid at the time of application and meets the requirements outlined above,
	a copy of your university degree
	a completed application form with signed professional declaration, and
	this checklist.

Once authorization is approved you will receive a confirmation email. A new practice permit will be mailed to the address on file. The authorization may be viewed on the ACP online register – please allow 24 hours for the authorization to be available for viewing.



APPLICATION FOR AUTHORIZATION TO ADMINISTER DRUGS BY INJECTION

Complete the following and attach **copies** of all required documents (do **NOT** send original documents).

I hereby make application to the Alberta College of Pharmacy in accordance with Section 16(5) of the Pharmacists and Pharmacy Technicians Profession Regulation for authorization to administer subcutaneous or intramuscular injections.

Name: _____ Registration No.: _____
(First name) (Middle name) (Last name)

Home address: _____ Ph: _____
(town/city) (province) (postalcode)

PROFESSIONAL DECLARATION

In the matter of my application to the Alberta College of Pharmacy for authorization to administer subcutaneous and intramuscular injections,

I, _____
(applicant's full name)

of _____ in the Province of _____, declare
(city, town or village) (province)

- (1) that as a regulated member of the Alberta College of Pharmacy, licensed on the clinical register; I will abide by the standards of practice that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent;
- (2) that I am the person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications;
- (3) that I currently hold, and will maintain valid first aid and CPR certification for the duration of my authorization, and that if I am unable to provide proof of certification, my authorization to administer subcutaneous and intramuscular injections will be cancelled; and
- (4) that the status of my eligibility for authorization to administer drugs by injection is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct.

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____
(date) (month) (year)

(declarant's signature)

Once the authorization is approved you will receive a confirmation email. A new practice permit will be mailed to the address on file. The authorization may be viewed on the ACP online register – allow 24 hours for the authorization to be available for viewing in the online register.

Completed forms can be returned to the ACP office via fax or email.

Fax Number: 780-990-0328

Email: registrationinfo@abpharmacy.ca