

## Application for authorization to administer drugs by injection

To apply for authorization to administer drugs by injection, select "Apply for authorization to administer drugs by injection" under the Service Catalog in myACP and submit the following:

This application with the professional declaration.

Copy of current and valid certification in emergency or standard first aid.

Copy of current and valid certification in CPR (minimum level C).

Evidence of current and valid training:

copy of your certificate(s) of completion of an approved training program completed within 12 months,

copy of your university degree obtained within 6 months and certificate(s) of completion of an approved training program within your university curriculum, or

a current letter of standing from the Canadian jurisdiction where you hold this authorization.

I hereby make application to the Alberta College of Pharmacy for authorization to administer subcutaneous or intramuscular injections.

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
(first name) (middle name) (last name)

### 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 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;
2. that as a regulated member of the Alberta College of Pharmacy, registered 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;
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.

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

Declared this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(date) (month) (year)

\_\_\_\_\_  
(declarant's signature)