



Application to reinstate your authorization to administer drugs by injection

This application is only applicable if you had previously held authorization to administer drugs by injection in Alberta and you have administered an injection within the last three years and wish to reinstate your authorization. If you cannot complete the professional declaration below, you will need to re-qualify for this authorization by completing an accredited training program.

To apply to reinstate your 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 CPR certification (minimum level C)

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

Name: _____ Registration #: _____
(applicant's full 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 I have maintained the competency and proficiency required to administer drugs by injection and have, in the three years immediately preceding this application, administered an injection;
3. 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;
4. 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
5. 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)