



# APPLICATION FOR AUTHORIZATION TO ADMINISTER DRUGS BY INJECTION

## Checklist

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

| <b>Licensed Alberta Pharmacist</b>                            |  |
|---|--|
|   | 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 <b>within 12 months prior to application</b> , |
|   | possess valid certification in emergency or standard first aid   |
|   | possess valid certification in CPR certification (minimum level C)*  |
| <b>Pharmacist transferring from another Canadian Province</b> |  |
|   | 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)*  |
| <b>Graduate from Canadian pharmacy university</b>             |  |
|   | be currently licensed on ACP's clinical register or on the courtesy register as a pharmacist locum   |
|   | must apply for authorization in Alberta <b>within 6 months</b> 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:**

| <b>Licensed Alberta Pharmacist</b>                            |   |
|---|---|
|   | 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.   |
| <b>Pharmacist transferring from another Canadian Province</b> |   |
|   | 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.   |
| <b>Graduate from Canadian pharmacy university</b>             |   |
|   | 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, a practice permit displaying your authorization to administer drugs by injection will be mailed to you. You may not engage in the restricted activity of administering drugs by injection until your application has been approved by the Alberta College of Pharmacists. You may confirm approval of your application by viewing the prescriber list on our website at [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca).



# 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 Pharmacists 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 Pharmacists 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 Pharmacists, 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)