



## APPLICATION FOR AUTHORIZATION TO ADMINISTER DRUGS BY INJECTION

All training programs must hold **Stage II CCCEP accreditation** to be acceptable for the purposes of acquiring authorization to administer injections.

Application for authorization to administer injections must be made to the College within **one year** of successful completion of the training program.

### Please submit the following:

- Application form
- Copies of:
  - CPR & First Aid training certificate
  - Certificate of Completion - Immunization and Injection Administration Training Program (IIATP) Injection Administration Workshop
  - Certificate of Completion - Immunization and Injection Administration Training Program (IIATP) Immunization Competency Online Program
  - Certificate or statement of completion of an Intravenous or Intradermal training program (if applicable)
- Required fee

**You must receive authorization from the College before providing injection services.**

Applications will be reviewed and authorization, in the form of a separate certificate, will be issued to the member. Once authorized to administer drugs by injection, you must:

- Maintain your competence and skill level in administering injections by intramuscular or subcutaneous route. If you do not, you must seek remedial training to bring your knowledge and skill level up to standard.
- Successfully complete another training program if you have not administered injections for a three year period.
- Complete a professional declaration annually at renewal, indicating that you:
  - a. Have taken action to maintain both your clinical and technical competencies in administration of injections; and
  - b. Have and will maintain valid CPR and First Aid certification



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**(page 2 of 2)**

**PROFESSIONAL DECLARATION**

In the matter of my application to the New Brunswick College of Pharmacists for authorization to administer injections,

I, .....  
Applicant's Full Name *(please print)*

of ..... in the Province of ..... declare that  
*(City, Town or Village)*

1. as a regulated member of the New Brunswick College of Pharmacists, licensed as an active member, I will abide by the standards of practice and other requirements that apply to the administration of drugs by injection and restrict my practice to those areas in which I am trained;
2. 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. I will maintain valid First Aid and CPR certification for the duration of my authorization period to administer injections, and that if I do not provide proof of certification upon request, my authorization to administer injections will be revoked;
4. The status of my eligibility for authorization is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of professional misconduct;
5. I will maintain the necessary equipment and supplies to provide such service and be able to treat any adverse event that may arise subsequent to an injection;
6. I will only administer injections in a clean, secure area that maintains client confidentiality and privacy to the extent required.
7. I will remain informed of statements and advisories published by the National Advisory Committee on Immunization (NACI)

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

If you answered "no" to any of the questions on page one or have not completed the professional declaration on this page, you do not meet the criteria for authorization and your application can not be processed.

If you answered "yes" to all of the questions on page one of the application and have completed the professional declaration on this page, your application will be reviewed by NBCP. If approval is granted, a certificate of 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 you have received notification from the College.**

Declared this ..... day of ..... 20.....  
*(day) (month) (year)*

Signature: .....



Payment must be included at time of application. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

**Cheque is attached**

I ..... **authorize the New Brunswick College of**

*(Name as it appears on credit card)*

**Pharmacists to use my credit card:**

Credit Card #: ..... Expires (mm/yy): .....

3-digit code on back of card: .....

Telephone: .....

**to pay the registration fees associated with the attached application/request.**

.....

Authorized Signature

.....

Date

Le paiement doit accompagner le formulaire. Voir la Liste de cotisations sur notre site Web pour connaître les frais applicables. Les modalités acceptables de paiement sont les suivantes : chèque, MasterCard ou Visa.

**Le chèque est joint**

Je ..... **autorise l'Ordre des pharmaciens du Nouveau-Brunswick**

*(le nom tel qu'il apparait sur la carte)*

N° de carte de crédit ..... Exp : .....

Code à 3 chiffres au dos de la carte: .....

Téléphone : .....

**payé les frais d'inscription associés à la demande ci-jointe.**

.....

Signature Autorisé

.....

Date