



**State of New Hampshire
Board of Pharmacy**
7 Eagle Square
Concord, NH 03301
Tel.: (603) 271-3252
Website: www.oplc.nh.gov/pharmacy

Pharmacist and Advanced Pharmacy Technicians Application to Administer Vaccines

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE, OUT-DATED, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last	
Mailing Address					
City		State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NH Pharmacist License Number	Are You <u>Currently</u> Certified By ACPE or APhA to administer vaccines by injection? <input type="checkbox"/> Yes* <i>If Yes, you must attach a copy of your current ACPE Certificate.</i> <input type="checkbox"/> No* <i>If No, you are not eligible to vaccinate.</i>			
Do you possess at least \$1,000,000 of professional liability insurance?			<input type="checkbox"/> Yes * <i>You <u>must</u> attach a copy of the current insurance certificate.</i> <input type="checkbox"/> No * <i>If No, you are <u>not</u> eligible to vaccinate.</i>		
Do you hold current basic or higher certification in cardiopulmonary resuscitation (CPR)?			<input type="checkbox"/> Yes * <i>You <u>must</u> attach a copy of the current CPR certificate.</i> <input type="checkbox"/> No * <i>If No, you are <u>not</u> eligible to vaccinate.</i>		

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy	Date Of Hire As A Pharmacist (MM/YY) /
Complete Address of Pharmacy	

3. REGISTRATION

Are you now or have you ever been registered/licensed/authorized to administer vaccines in any other state? Yes* No

*If yes, indicate which state(s), and whether or not the registration/licensure/authorization is current. _____

4. REQUIRED ATTACHMENTS & APPLICANT'S STATEMENT

The following 3 attachments must be included with this application for it to be accepted and processed:

- Copy of your current CPR / BLS Certification Card Copy of your proof of Liability Insurance Coverage
- Copy of your proof of CE / Training from your College of Pharmacy, ACPE, or APhA.

I certify that I am the person described and identified in this application; that I have read Ph 1300 of the NH Code of Administrative Rules, and that I have met the requirements for administering approved vaccines per NH RSA 318:16-b; and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacist able to administer vaccines in the State of New Hampshire.

Signature: _____

Date: _____

Your updated pharmacist license showing this vaccine endorsement will be issued within 2 weeks of receipt of your completed application.

Your updated license with endorsement must be posted or kept on file at your pharmacy of employment & presented to state pharmacy inspectors upon request.