



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

**INSTRUCTIONS TO REGISTER AS A PHARMACY
INTERN AUTHORIZED TO ADMINISTER VACCINES**

1. Complete the application in ink (not pencil) and fill out completely – the Board cannot process the form if any part of the form is left blank or if not signed/dated or if all attachments noted on the form are not included. There is no fee required to submit this application;
2. If you are planning to administer vaccines for your **internship** then please submit the liability insurance from your college or university;
3. If you are planning to administer vaccines **while at work** as an intern in a NH pharmacy, please submit the liability insurance from your pharmacy of employment;
4. Submit a photocopy of the front and back of your signed CPR/BLS Certification Card.



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PHARMACY INTERN ADMINISTRATION OF VACCINES APPLICATION
(Per NH RSA 318:16-b – Effective July 11, 2017)

ALL SECTIONS MUST BE COMPLETED.
PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE, 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 Pharmacy Intern Reg. Number	Have you completed the required CE / training from your College of Pharmacy, ACPE or APhA to administer vaccines by injection?		<input type="checkbox"/> Yes* <input type="checkbox"/> No	*You <u>must</u> attach a copy of your certificate of completion.
Do you possess at least \$1,000,000 of professional liability insurance?				<input type="checkbox"/> Yes* <input type="checkbox"/> No	*You <u>must</u> attach a copy of the current certificate of insurance.
Do you hold current certification of hands-on / skills assessment training in cardiopulmonary resuscitation (CPR) from the American Heart Association, the American Red Cross or another Board approved program?				<input type="checkbox"/> Yes* <input type="checkbox"/> No	* You <u>must</u> attach a copy of your current CPR certificate.
Are you at least in your first professional year of pharmacy school?				<input type="checkbox"/> Yes* <input type="checkbox"/> No	*In what year will you graduate from pharmacy school: _____

2. CURRENT PHARMACY EMPLOYMENT	
Name of Pharmacy	Date Of Hire As An Intern (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?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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 <u>three</u> attachments must be included with this application for it to be processed:	
<input type="checkbox"/> Copy of your <u>current</u> CPR / BLS Certification Card	<input type="checkbox"/> Copy of your proof of Liability Insurance Coverage
<input type="checkbox"/> Copy of your proof of CE / Training from College, ACPE/APhA	
I certify that I am the person described and identified in this application; that I have read and 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 pharmacy intern authorized to administer vaccines in the State of New Hampshire.	
Signature: _____	Date: _____