

PENNSYLVANIA STATE BOARD OF PHARMACY

REACTIVATION APPLICATION – AUTHORIZATION TO ADMINISTER INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS (#854 137)

Name: _____

Board of Pharmacy
PO Box 2649
Harrisburg, PA 17105-2649

Address: _____

Courier Address:
2601 N. Third Street
Harrisburg, PA 17110

Authorization No.: RPI _____

Please make the check or money order in U.S. funds payable to the "Commonwealth of Pennsylvania." Fees are **NOT** refundable nor transferable. A processing fee of \$20.00 will be charged for any check or money order returned by your bank, regardless of the reason for non-payment.

Name Change	Address Change
Indicate new name below and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree indicating retaking of a maiden name, other "legal" document indicating the retaking of a maiden name or a court order).	

Check the one applicable statement.

- 1. I have **not administered injectables** in Pennsylvania after my authorization to administer injectables expired and I am requesting inactive status. No fee is due. A signature and date are required below.
- 2. **Yes**, I have administered injectable medications, biologicals and/or immunizations in Pennsylvania after my authorization to administer injectables expired and I want to reactivate my authorization at this time by paying the renewal fee of \$30.00 + the late fee of \$5.00 per month, or part of the month. Note: The late fee is assessed for each month or part of the month after your authorization to administer injectables expired.
- 3. **No**, I have not administered injectable medications, biologicals and/or immunizations in Pennsylvania at any time after my authorization to administer injectables expired and I want to reactivate my authorization at this time by paying the renewal fee of \$30.00.

The following questions must be answered if you are reactivating your authorization to administer injectable medications, biologicals and immunizations:

YES	NO	
		1. Do you maintain a current basic cardiopulmonary resuscitation (CPR) certificate issued by the American Heart Association, American Red Cross or a similar health authority or professional body approved by the Board of Pharmacy ? A list of approved CPR providers/programs is posted at www.dos.pa.gov/pharm . Note: A photocopy of the front and back of your CPR card/certificate and any necessary legend must be submitted with your reactivation forms.
		2. Is your Pennsylvania pharmacist license currently active with an expiration date of September 30, 2018?

Verification of Continuing Education – If you are reactivating your authorization to administer injectable medications, biologicals and immunizations, please check the one appropriate statement and provide any requested information. Please note that "ACPE" is the abbreviation for the Accreditation Council for Pharmacy Education.

- 1. I have completed between 10/1/14 and 9/30/16 at least 2 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).
- 2. I have completed between the dates of _____ and _____ at least _____ contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).
- 3. I was initially licensed as a **pharmacist** by "examination" **on or after** 7/3/14 and therefore am exempt from the continuing education requirement for this renewal.
- 4. I was initially licensed as a **pharmacist** by "reciprocity" **on or after** 7/3/14 and have completed beginning the next quarter following licensure at least 2 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

I verify that while I hold an active authorization to administer injectable medications, biologicals and immunizations I will maintain professional liability insurance coverage in the amount of at least \$1,000,000 per occurrence or claims made in accordance with Section 9.2(a)(6) of the Pharmacy Act. I understand that failure to maintain insurance coverage as required will subject me to disciplinary proceedings. I will provide proof of insurance coverage to the Pennsylvania State Board of Pharmacy (Board) upon request of authorized representatives of the Board.

*I verify that I hold and will maintain a current basic cardiopulmonary resuscitation (CPR) certificate issued by the American Heart Association, American Red Cross or a similar health authority or professional body approved by the Board. **A photocopy of my current CPR card (front, back and any necessary legend) or CPR certificate is attached.***

Signature (**Mandatory**): _____ Date: _____

VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your reactivation cannot be processed unless this page is completed ***

Name: _____

Address: _____

Authorization No.: RPI _____

PROFESSION: PHARMACY

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you administered injectable medications, biologicals and/or immunizations in Pennsylvania since your Pennsylvania authorization to administer injectable medications, biologicals and immunizations lapsed or since you placed it on inactive status?

CIRCLE ONE: YES NO

2. Have you been employed by the federal government in the practice of your profession and been administering injectable medications, biologicals, or immunizations since your Pennsylvania authorization to administer injectables, biologicals and immunizations lapsed or since you placed it on inactive status?

CIRCLE ONE: YES NO

If you responded "yes" to Question 2, when working for the federal government, did you use an authorization to administer injectable medications, biologicals and immunizations issued to you by another state? Please list the state that issued that authorization to you: _____

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

(Signature of Licensee)

(Date)

Pennsylvania State Board of Pharmacy
(717) 783-7156 st-pharmacy@pa.gov www.dos.pa.gov/pharm

Mailing Address:
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address (ex. FedEx):
2601 N. Third Street
Harrisburg, PA 17110

Please review the following before mailing in the required items. Have you:

- Completed the questions, marked the appropriate statements and provided other required information on the application, including signatures and dates?
- Reported a name/address change (if applicable)?
- Included the correct fee (check or money order made payable to the "Commonwealth of PA")? The reactivation fee is \$30.00. **If** you practiced with an expired authorization, please also include the \$5.00 per month late fee.
- Submitted a photocopy of the front and back of your CPR card/certificate, and any necessary legend, issued by a Board-approved CPR provider? Please visit the Board's web site at www.dos.pa.gov/pharm for a list of acceptable CPR providers/programs.
- Submitted photocopies of certificates of completion of the appropriate number of contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a) (unless exempt)?

If your authorization expired on 9/30/2016, you must demonstrate completion of at least 2 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a) (unless exempt).

If your authorization expired on 9/30/2014, you must demonstrate completion of at least 4 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).

If your authorization expired on 9/30/2012, you must demonstrate completion of at least 6 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a)

If your authorization expired on 9/30/2010, you must demonstrate completion of at least 8 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).

If your authorization expired on 9/30/2008, you must demonstrate completion of at least 10 contact hours of ACPE-approved continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).

Renewal periods run from October 1 of an even-numbered year through September 30 of the next even-numbered year. If you did not earn the required continuing education during a specified renewal period, you may complete the required continuing education now. However, these programs may not be "re-used" to meet the continuing education requirements of the current or subsequent license renewal periods.

Note: Do not submit all of the continuing education that you earned for the current pharmacist license renewal. It will not be reviewed nor will it be returned to you.

Notice: If your application is over one year old and you have not met the requirements for the reactivation of your authorization, an entirely new application and fee must be submitted.