

PENNSYLVANIA STATE BOARD OF PHARMACY

**RENEWAL APPLICATION –
AUTHORIZATION TO ADMINISTER
INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS**

(#854 138, Rev. 6/16)

Authorization to Administer Injectables #: RPI _____

Full Name

Street Address

City State Zip Code

RETURN TO:

**Board of Pharmacy
PO Box 8416
Harrisburg, PA 17105-8416**

THE FOLLOWING QUESTION MUST BE ANSWERED:

| 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 ? The Board of Pharmacy or its agents may request proof of acceptable current CPR certification at a future date. A list of approved CPR providers/programs is posted at www.dos.pa.gov/pharm . |
| | | 2. Do you maintain the required professional liability insurance coverage in the amount of at least \$1,000,000 per occurrence or claims made in relation to your authority to administer injectable medications, biologicals and immunizations? |

Check the one applicable statement. Please note that "ACPE" is the abbreviation for the Accreditation Council for Pharmacy Education.

- 1. I wish to place my authorization to administer injectables on inactive status. No fee is due. The continuing education required to renew your pharmacist license may be in any subject matter. **SIGNATURE AND DATE ARE REQUIRED BELOW.**
- 2. Between 10/1/14 and 9/30/16, I completed at least 2 contact hours of ACPE-approved pharmacist 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 related to the authorization to administer injectables 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 pharmacist continuing education programs concerning the administration of injectable medications, biologicals and immunizations as described in Board Regulation § 27.32(a).

You are required to retain your official continuing education certificates of completion earned for this license renewal period and maintain current basic CPR certification from acceptable providers until October 1, 2018. Proof of compliance must be provided to the Board or its agents when requested.

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

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|---|---|
| EXPIRATION DATE: | September 30, 2016 |
| <p>FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA." Write your authorization to administer injectable medications, biologicals and immunizations number on your check or money order.</p> <p>TO ENSURE THAT YOUR AUTHORIZATION IS RENEWED BY THE EXPIRATION DATE, SUBMIT BY AUGUST 31, 2016.</p> <p>PRACTICING ON AN EXPIRED AUTHORIZATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.</p> | <p>Renewal Fee = \$30 A \$20.00 fee will be assessed for returned payment. Fees are <u>NOT</u> refundable nor transferable.</p> <p>Note: A reactivation application must be submitted <u>on or after October 31, 2016.</u></p> |