College of Pharmacists of British Columbia

APPLICATION FOR CERTIFICATION – DRUG ADMINISTRATION

HPA Form 13

To apply for Drug Administration Certification, complete this form and submit it along with the required documents to the College's Registration Department by email at: registration@bcpharmacists.org or by fax at: 604-733-2493. Ensure all documents are scanned in accordance with the College's Scanning Guidelines and Checklist for Document Submissions prior to submission.

1. APPLICANT INFORMATION

☐ eServices ID or ☐ CPBC Registration Number	☐ Miss ☐ Ms. ☐ Mr. ☐ Mrs. ☐ Dr.	Legal Last Name (Surname)
Legal First Name	Legal Middle Name	Informal Name (if any)

2. CONTACT INFORMATION

Street Address (Include Unit/Suite #)		City
Province	Postal Code	Country
Phone Number (Home)	Phone Number (Work)	Email

3. TRAINING INFORMATION

Education Program in Drug Administration (Select One)

☐ Completed a program approved by the Board in *Schedule C of HPA Bylaws* – *Attach the Certificate of Completion with this application.*

☐ Completed training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council for Accreditation of Pharmacy Programs – *Provide name of university and course #:* _____ ☐ Completed training previously and currently possess valid Drug Administration Certification (or equivalent) with another Canadian pharmacy regulatory body – *Provide name of pharmacy regulatory body:* _____ *and order a Letter of Standing (LOS) to be sent directly to the College. The LOS should indicate that you currently have valid drug administration certification.*

Completion Date of First Aid	Completion Date of CPR

4. DECLARATION

I declare that the following and the facts set out herein to be true *(check the appropriate boxes)*:

☐	1.	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.
☐	2.	I will abide by the standards, limits and conditions that apply to the administration of drugs by injection and intranasal route, and restrict my practice to those areas in which I am competent.
☐	3.	I will maintain valid first aid certification and CPR certification for the duration of my drug administration certification. I understand that I must report to the College if I do not maintain valid first aid and CPR certification, or if I am unable to provide proof of certification, my drug administration certification will no longer be valid and I must cease from administering drugs via injection and intranasal route immediately until I am recertified by the College.
☐	4.	I will engage in the restricted activity of administering drugs by injection and intranasal route only after having received approval from the College of Pharmacists of British Columbia.
☐	5.	The status of my eligibility for certification is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct.

I make this declaration, conscientiously as it to be true and knowing that it is of the same force and effect as if made under oath.

Applicant Signature	Date (MMM-DD-YYYY)

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of *FIPPA*. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.

Initial

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

4. PAYMENT INFORMATION

Applicant Name (Full Legal Name)		
Method of Payment*: ☐ Bank Draft/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard		
Card Number	**Expiry Date (MM-YY)**	For the Application for Certification for Drug Administration fee, refer to Schedule D – Fee Schedule. This fee is subject to GST (5%).
Cardholder Name		
Cardholder Signature		GST # R106953920

*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

All fees are non-refundable.

For office use ONLY

iMIS ID: Finance stamp:

Reg initials:

Date to Finance:

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