



APPLICATION FOR CERTIFICATION – INJECTION DRUG ADMINISTRATION

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr Reg # _____

Legal name _____
Last name (Surname) First name Other name(s)

Address _____ Tel (home) _____

_____ Tel (work) _____

_____ Email _____
City Province

_____ *Postal code Country*

PAYMENT OPTION

Cheque/Money order (*payable to College of Pharmacists of BC*)

VISA MasterCard

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Application Fee *	105.00
HST	12.60
Total	<u>\$117.60</u>
HST # R106953920	

* includes current year's certification fee (valid to end of current year's pharmacist registration)

All fees are non-refundable and subject to HST.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have attached:

- Signed Declaration Form (*page 2*).
- Copy of certificates of completion of training from a College approved accredited program in the administration of drugs by injection.
- Copy of certificates of completion of training in the administration of first aid and CPR.

_____ Date

_____ Applicant signature



APPLICATION FOR
CERTIFICATION – INJECTION DRUG ADMINISTRATION

Declaration Form

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
MY APPLICATION TO THE COLLEGE OF PHARMACISTS OF BC
FOR CERTIFICATION – INJECTION DRUG ADMINISTRATION*

I, _____ declare that (*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 am registered as a full pharmacist with the College of Pharmacists of BC.
- 3. I will abide by the standards, limits and conditions that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent.
- 4. I have successfully completed training from a College approved accredited program in the administration of drugs by injection.
- 5. I have successfully completed training in the administration of first aid and CPR and will maintain valid first aid certification and CPR certification for the duration of my authorization, and that if I am unable to provide proof of certification, my authorization to administer injections will be cancelled.
- 6. I will engage in the restricted activity of administering drugs by injection only after having received approval from the College of Pharmacists of BC.
- 7. 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.

Date

Applicant signature