



Newfoundland & Labrador Pharmacy Board

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Application for Authorization to Administer Drug Therapy by Inhalation or Injection

Full Name: _____
Last Name First Name & Middle Initial Registration #

Contact Information: _____
Email Address Phone Number

Certifications:

By signing below, I certify that:

- The information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of authorization or an allegation of conduct deserving of sanction.
- I have reviewed the *Standards of Practice - Administration of Drug Therapy by Inhalation or Injection* and 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.
- I have attached:
 - proof of **EITHER**:
 - graduation from a CCAPP-accredited pharmacy program where education and training on the administration of injections is a component of the core curriculum; or
 - successful completion of a CCCEP-accredited education and training program on the administration of injections that was completed within one year of the date of application; and
 - proof of current certification in First Aid and CPR, at a level equivalent to the St. John Ambulance or Red Cross Emergency or Standard First Aid and CPR/AED Level C. NOTE: only in-person or blended learning courses will be accepted.
- I have included payment information for the appropriate fee, as indicated in the NLPB Schedule of Fees.

Applicant's Signature

Date Signed

Fee Paid By: Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)

Registrants are reminded that authorization is not effective until they have received notification from NLPB that the application has been approved.