

# Immunization Administration Certification Application



**Board of Pharmacy**  
**P.O. Box 6330**  
**Tallahassee, FL 32314-6330**  
**Website: [www.floridaspharmacy.gov](http://www.floridaspharmacy.gov)**  
**Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)**  
**Phone: (850) 245-4474**  
**FAX: (850) 921-5389**





# Immunization Administration Certification Application

Board of Pharmacy  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

Do Not Write in this Space  
For Revenue Receipting Only

All applicants **must** hold a current Florida Pharmacist, Pharmacy Intern, or Registered Pharmacy Technician license that is active and in good standing.

- Pharmacist (2201) \$55.00**
- Pharmacy Intern (2202) No Fee**
- Pharmacy Technician (2208) No Fee**

**Total fee of \$55.00 includes the following:**

Application Fee	\$55.00
-----------------	---------

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. The \$55.00 application fee is not refundable.

## 1. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

**Mailing Address:** (The address where mail and your license should be sent)

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
State ZIP Country Home/Cell Telephone (Input without dashes)

\_\_\_\_\_  
Business Telephone (Input without dashes)

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. LICENSURE HISTORY

- A. Do you have a Florida Pharmacist (PS) license, Pharmacy Intern (PSI) registration, or Registered Pharmacy Technician license (RPT) that is active and in good standing?  
Yes No

If "Yes," what is the license/registration number? \_\_\_\_\_

- B. Have you ever held an Immunization Administration Certification in Florida? Yes No

If "Yes," what was the certification number? \_\_\_\_\_

Name: \_\_\_\_\_

### 3. TRAINING INFORMATION

Section 465.189(7), Florida Statutes, requires any pharmacist or registered intern seeking to administer vaccines to complete a board-approved certification program of at least 20 hours.

Section 465.014(7), Florida Statutes, requires any registered pharmacy technician seeking to administer vaccines to complete a board-approved certification program of at least 6 hours.

Have you successfully completed a Florida Board of Pharmacy approved immunization administration certification program?    Yes        No

If “Yes,” provide a copy of the certificate of completion and the following information.

Provider Name	Provider Number	Date of Completion (MM/DD/YYYY)	Certificate Number

### SECTIONS 4-6 APPLY TO PHARMACISTS ONLY

### 4. PROTOCOL INFORMATION- THIS SECTION APPLIES TO PHARMACISTS ONLY

A pharmacist may administer immunizations or vaccines pursuant to section 465.189, Florida Statutes, within the framework of an established protocol under a supervising physician licensed under chapter 458 or chapter 459, Florida Statutes.

**Each protocol must include** particular terms and conditions imposed by the supervising physician upon the pharmacist relating to the administration of immunization by the pharmacist. The written protocol must include, at a minimum, specific categories and conditions among patients for whom the supervising physician authorizes the pharmacist to administer immunizations and epinephrine. The terms, scope, and conditions set forth in the written protocol between the pharmacist and the supervising physician must be appropriate to the pharmacist’s training and certification in immunization. Supervising physicians must review the administration of immunizations by the pharmacist(s) under such physician’s supervision pursuant to the written protocol, and this review shall take place as outlined in the written protocol. The process and schedule for the review must be outlined in the written protocol.

A pharmacist may not enter into a protocol that is to be performed while acting as employee without the written approval of the owner of the pharmacy.

A pharmacist who enters into a written protocol must submit a copy of the protocol to the board.

I hereby acknowledge that I must submit the written protocol to the board office prior to administering a vaccine or immunization to a patient.

### 5. PRACTICE INFORMATION- THIS SECTION APPLIES TO PHARMACISTS ONLY

A. Do you intend to administer immunizations while acting as the employee of a pharmacy?        Yes        No

If “Yes,” you must provide written permission from the pharmacy owner.

B. Provide the following information for the pharmacy where you are employed and intend to administer immunizations.

Name: \_\_\_\_\_

Pharmacy Name:		
Pharmacy Permit #:		
Mailing Address:		
City:	State:	ZIP:
Pharmacy Telephone:		
<b>Prescription Department Manager:</b>		
License #:	Contact Telephone:	

**6. PROFESSIONAL PRACTICE INSURANCE- THIS SECTION APPLIES TO PHARMACISTS ONLY**

Do you maintain at least \$200,000 of professional liability insurance as required?    Yes    No

If “Yes,” provide the following information:

Insurance Provider Name	Policy Number	Policy Expiration Date

**Provide a copy of the professional liability insurance policy.**

If your employer provides blanket professional liability insurance coverage for all employees, please attach a copy of the policy or a letter on company letterhead verifying that you are covered under the company policy.

**7. SUPERVISION- THIS SECTION APPLIES TO PHARMACY INTERNS AND REGISTERED PHARMACY TECHNICIANS**

**All interns and registered pharmacy technicians must be supervised by a licensed pharmacist whose license is clear and active and who is also certified to administer vaccines. The supervision must be at a ratio of one pharmacist to a maximum of five interns or registered pharmacy technicians, or a combination thereof.**

Will you be supervised by a licensed pharmacist who has a clear and active Florida license and is certified to administer vaccines?    Yes    No

The Immunization Administration Certification that is added to your Registered Pharmacy Intern license will not automatically transfer over to your Pharmacist license. To have the certification added to your Pharmacist license, you will be required to apply and meet all requirements.

**8. APPLICANT SIGNATURE**

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.	
I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to section 456.067, Florida Statutes.	
I am aware that my immunization administration certification may be suspended or revoked if I violate any provision of Chapter 456 or Chapter 465, Florida Statutes, and/or any laws or rules adopted pursuant thereto.	
Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.	
Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.	
Applicant Signature _____	Date _____
<i>You may print out this application and sign it or sign digitally.</i>	
MM/DD/YYYY	