



**APPLICATION FOR  
CERTIFICATION – INJECTION DRUG ADMINISTRATION**

**APPLICANT INFORMATION**

Ms     Mrs     Miss     Mr     Dr                      Reg # \_\_\_\_\_

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 *	100.00
HST	12.00
<b>Total</b>	<b><u>\$112.00</u></b>
HST # R106953920	

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

**DECLARATION**

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