



College of Pharmacists of Manitoba

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APPLICATION FOR CERTIFICATION OF AUTHORIZATION TO ADMINISTER DRUGS AND VACCINES BY INJECTION

I hereby make application to the College of Pharmacists of Manitoba for certification of authorization to administer subcutaneous, intradermal and intramuscular injections.

(Title)	(Last Name)	(First Name)	(Middle Name)
(Mailing Address)	(City)	(Province)	(Postal Code)
(Telephone Number)	(Email Address)	(College Licence Number)	

INITIAL CERTIFICATION OF AUTHORIZATION:

To be eligible to apply for certification of authorization to administer drugs by subcutaneous, intradermal and intramuscular injections, a pharmacist must:

- be a licenced, practicing member with the College of Pharmacists of Manitoba;
- have successfully completed an education program approved by Council on the administration of drugs by injection or have current/active injection authority from another Canadian jurisdiction that has the same CCCEP Stage II injection training accreditation requirement;
- have successfully completed the *Manitoba Module: Administration of Injections*;
- possess current certification in CPR Level C (or HCP) and Emergency or Standard First Aid from an in-person training program that is recognized as an approved first aid training agency/program/provider by the [Workplace Safety and Health \(WSH\) Branch of the Manitoba government](#); and
- apply and receive certification of injection authorization from the College of Pharmacists of Manitoba within one year of completing the required training or within one year of graduating from a Faculty of Pharmacy in Canada.

Please attach copies of the following required documents:

- Certificate of successful completion of a CCCEP Stage II continuing education course on the administration of drugs by injection OR documentation/letter of standing from the Canadian regulatory authority where injection authorization is currently held
- Statement of successful completion of the Manitoba Module: Administration of Injections

CONTINUED CERTIFICATION OF AUTHORIZATION:

To be eligible to apply for annual continued certification of authorization to administer drugs by subcutaneous, intradermal and intramuscular injections, a pharmacist must:

- 1) declare he/she is proficient in knowledge and skills related to the administration of drugs and vaccines by injection; and
- 2) retrain in a full CCCEP Stage II injection course if he/she has not administered an injection in the preceding three years; and
- 3) retrain in a full CCCEP Stage II injection course if he/she has not administered an injection within one year after completion of the initial training course.

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Professional Declaration

In the matter of my application to the College of Pharmacists of Manitoba for certification or re-certification of authorization to administer subcutaneous and intramuscular injections,

I, _____
(Applicant's Full Name)
of _____ in the Province of _____ declare that
(City or Town) (Province)

1. as a regulated member of the College of Pharmacists of Manitoba, licensed as a practicing member, I will abide by the standards of practice, practice directions, and other legislation and requirements that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent;
2. 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;
3. I have successfully completed a CCCEP Stage II continuing education course on the administration of drugs by injection, OR I am currently authorized to administer injections in another Canadian province that has adopted the same CCCEP Stage II injection training requirement and is confirmed through documentation or letter of standing from the pharmacist's regulatory authority;
4. I have successfully completed the Manitoba-specific module on administration of injections;
5. I currently possess, and will maintain, valid certification in CPR Level C (or HCP) and Emergency or Standard First Aid from an in-person training program that is recognized as an approved first aid training agency/program/provider by the [Workplace Safety and Health \(WSH\) Branch of the Manitoba government](#) for the duration of my certification of authorization to administer injections, and that if I am unable to provide proof of certification, my authorization to administer subcutaneous and intramuscular injections will be cancelled;
6. the status of my eligibility for certification of authorization of administration of drugs by injection is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct;
7. I will maintain the necessary equipment and supplies to provide such service and be able to treat any adverse event that may arise subsequent to an injection; and
8. I will only administer injections in a clean, secure, dedicated area that maintains patient confidentiality and privacy to the extent required.
9. I will apply and receive certification of injection authorization from the College of Pharmacists of Manitoba within one year of completing the required training or within one year of graduating from a Faculty of Pharmacy in Canada.
10. I will retrain in a full CCCEP Stage II injection course if I have not administered an injection in the preceding three years.
11. I will retrain in a full CCCEP Stage II injection course if I have not administered an injection within one year after completion of my initial training course.
12. I will advise the College if I have not administered an injection in the preceding three years and/or have not maintained current and valid certification in the necessary CPR and First Aid Training.

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____.
(Date) (Month) (Year) (Signature)