



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

APPLICATION FOR INTERN CERTIFICATION OF AUTHORIZATION TO ADMINISTER COVID-19 VACCINES BY INJECTION

I hereby make application to the College of Pharmacists of Manitoba for certification of authorization to administer COVID-19 vaccines.

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

Initial Certification of Authorization:

To be eligible to apply for certification of authorization to administer COVID-19 vaccines by injection, an applicant must:

- be an intern registered with the College of Pharmacists of Manitoba completing an internship under the supervision of a preceptor approved by Council;
- have successfully completed an education program approved by Council on the administration of drugs by injection;
- 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](#)

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
- Statement of successful completion of the Manitoba Module: Administration of Injections

*University of Manitoba, College of Pharmacy interns are not required to submit these documents but must indicate the year training was completed: _____

Continued Certification Of Authorization:

To continue to administer COVID-19 vaccines, an intern must:

- 1) be 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.

Professional Declaration

In the matter of my application to the College of Pharmacists of Manitoba for certification or re-certification of authorization to administer COVID-19 vaccines,

I, _____
(Applicant's Full Name)

of _____ in the Province of _____ declare that
(City or Town) (Province)

1. as a registered intern, 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 will perform the administration of COVID-19 vaccines under the supervision of a pharmacist who has an active certification of authorization to administer drugs and vaccines by injection;
3. 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;
4. I have successfully completed a CCCEP Stage II continuing education course on the administration of drugs by injection, OR have successfully completed an injection training program provided by a Canadian University that taught to the 15 NAPRA approved competencies for immunizations and injections;
5. I have successfully completed the Manitoba-specific module on administration of injections;
6. 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 COVID-19 vaccines, and that if I am unable to provide proof of certification, my authorization to administer COVID-19 vaccines will be cancelled;
7. the status of my eligibility for certification of authorization to administer COVID-19 vaccines is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct;
8. 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
9. I will only administer injections in a clean, secure, dedicated area that maintains patient confidentiality and privacy to the extent required.
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)