

PH20-I
**Certification of Immunization Administration Training from a Pharmacy
Program Registered by the New York State Education Department as
Licensure Qualifying**

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Instructions

The school **dean or other appropriate official of the pharmacy program registered by the New York State Education Department as licensure qualifying in pharmacy** is responsible for completing this form. The completed form is a list indicating the successful completion of a training course in the administration of immunizations that meets the requirements found in under Regulations of the Commissioner of Education 63.4(d).

Complete this form. Be sure to sign and date each page. Use additional sheets if necessary. Submit all pages of this form to the Office of the Professions at the address at the end of this form. Please make a copy for your records in case the Department needs to verify information.

This certifies that each of the following candidates has successfully completed a training course in the administration of immunizations that included:

- Techniques for screening patients and for obtaining informed consent;
- Techniques in the administration of immunizing agents, including the injection of harmless non-medicinal saline solution into voluntary recipients;
- Indications, precautions and contraindications in the use of immunizing agents;
- Handling of emergencies including needlestick injuries and anaphylaxis, including the use of medications required for emergency treatment of anaphylaxis;
- Cardio-pulmonary resuscitation techniques; and
- Recordkeeping and reporting of immunizations and information.

Name of College

In witness whereof, I hereunto set my hand and the seal of this school of pharmacy.

Signature of Dean or School Official

Date

Print Name _____

Title or Official Position _____

Seal

Telephone _____

Email _____

