



MAINE BOARD OF PHARMACY

REGISTRATION FOR AUTHORIZATION TO ADMINISTER IMMUNIZATIONS

**This Registration Applies Only to:
Maine Licensed Pharmacy Interns, and
Maine Licensed Pharmacy Technicians**

An active Pharmacy Intern license or a Pharmacy Technician license is required to register to administer vaccines. If you do not have one, please submit an application (available online) with this registration request to obtain a pharmacy intern or pharmacy technician license.

Do not return the informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS

REGISTRATION FOR AUTHORIZATION TO ADMINISTER IMMUNIZATIONS

The following is a guideline to assist in your application process. It does not, however, replace the requirements outlined in the Maine Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information.

CHECKLIST:

- Application fully completed
- You must have a Maine valid unrestricted Pharmacy Intern or Pharmacy Technician License to register for authorization to administer vaccines.
- Evidence of completion of a practical training program of at least:
 - Pharmacy Intern**— **20-hours** training approved by ACPE.
This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition, treatment of emergency reactions to vaccines, and life support training.
 - Pharmacy Technician**— **6-hours** training approved by ACPE.
Completion of a practical training program of at least 6 hours that is approved by the ACPE. This training program must include hands-on injection technique and the recognition and treatment of emergency reactions to vaccines. A pharmacy technician **may elect to instead complete the 20-hour pharmacy intern training** detailed above.
- Copy of current Cardiopulmonary Life Support certification accepted by the American Heart Association, the American Red Cross or other similar training organization.
This requirement is satisfied by, among other things, a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education.

Processing Time:

Your application has a greater chance of being processed expeditiously if the application is completed in full and signed and all supporting documents are attached.

Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the permit will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. We will expedite your application as quickly as possible.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

CONTACT ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL (Your license will be emailed)

MAINE BOARD OF PHARMACY

**REGISTRATION FOR AUTHORIZATION TO ADMINISTER IMMUNIZATIONS
NO FEE**

This Application Applies Only to:

Maine Licensed Pharmacy Interns and Maine Licensed Pharmacy Technicians

CHECK ONE OF THE FOLLOWING - WHAT TYPE LICENSE DO YOU HOLD -

**You must have a current pharmacy intern or pharmacy technician license
to apply for authorization to administer vaccines.**

Pharmacy **Intern** License # _____ Expires _____

Pharmacy **Technician** License # _____ Expires _____

Office Use Only:

Pharmacy Intern License # PI _____

OR;

Pharmacy Technician License # PT _____

SECTION 1: TRAINING (check ONE):

6 HOURS

OR

20 HOURS

ACPE APPROVED TRAINING - Evidence of completion must accompany this application, otherwise it will be considered incomplete and returned. The evidence of course completion must clearly state your name, date of completion and the number of hours.

Pharmacy Intern — Required **20-hours** training approved by ACPE.

Completion of a practical training program of at least 20 hours that is approved by the ACPE. This Training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition, treatment of emergency reactions to vaccines, and life support training.

Pharmacy Technician — Required **6-hours** training approved by ACPE.

Completion of a practical training program of at least 6 hours that is approved by the ACPE. This training program must include hands-on injection technique and the recognition and treatment of emergency reactions to vaccines. A pharmacy technician **may elect to instead complete the 20-hour pharmacy intern training** detailed above.

Pharmacy Technician take Notice — you must complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during the relevant State licensing period at time of renewing this authorization to immunize.

Please list the name of the course, the course sponsor and date course completed.

Course name: _____

Sponsor: _____

Date Completed: _____

By signing this application I affirm that the above is an American Council on Pharmaceutical Education (ACPE) approved course that included the practical training described above.

SECTION 2: Evidence of Current Cardiovascular Life Support Certification —

Accepted by the American Heart Association, the American Red Cross or other similar training organizations. This requirement is satisfied by, among other things, a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education.

Please complete the following.

Course name: _____

Date Completed: _____ Certificate No. _____

Check one of the following— Course Sponsor

American Heart Association

American Red Cross

Other—Name of sponsor _____

SECTION 3: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my registration and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	
Signature of Applicant	Date
	