



# Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



## Application for Certification for the Authority to Administer Medications/Immunizations for Pharmacists

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

License number :PD \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

(     ) \_\_\_\_\_

Email address: \_\_\_\_\_

Please read the following Arkansas State Board of Pharmacy Regulation:

[REGULATION 9 —PHARMACEUTICAL CARE/PATIENT COUNSELING](#)

- If this is the first time you will receive this certification, please submit a copy of your Certificate Program with this application.
- If you have had this certification in the past, you must submit 2 hours of immunization CE to recertify.

Please fax this form and required documents to 501-682-0195. There is no fee for Immunization Certification. This certification will expire with your pharmacist license.

Please initial each section below:

\_\_\_\_\_ By filling out and submitting this application, I affirm that I have read and agree to comply with the Regulations for the State of Arkansas regarding patient counseling and the administration of immunizations.

\_\_\_\_\_ I have successfully completed the Board-approved course of study in a College of Pharmacy curriculum or an ACPE Certificate Program of not less than twelve (12) hours on the course of study described in 09-00-0002(b)(5)(B) for initial application and have attached a copy along with this form OR have attached 2 hours of Immunization CE for recertification.

\_\_\_\_\_ I hold a current certification in CPR or BCLS accredited by the American Heart Association that contains a live component where proficiency is tested as described in 09-00-0002(b)(5)(D). I understand that if this certification expires prior to the expiration of my ASBP Immunization Certificate, I will abstain from providing immunizations until I have become recertified. **\*\*DO NOT FAX YOUR CPR CARD\*\***

**You must show proof of your CPR or BCLS certification upon request by an ASBP inspector in your facility, or if you are audited for CE for your pharmacist license.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_