

## Pharmacist Application: NSCP Drug Administration by Injection Permit

<ul style="list-style-type: none"> <li>You cannot administer drugs by injection until you have been notified by the NSCP that your Injection Permit application has been approved.</li> <li>Once approved, <b>your Permit is valid until the end of the calendar year, provided CPR and First Aid certification is maintained.</b></li> <li>You must <b>renew your Permit each year</b> during the annual licence renewal process.</li> <li>For more information on requirements to obtain and maintain a Permit, refer to the NSCP <i>Standards of Practice: Drug Administration</i>.</li> </ul>		
Full Name	NSCP Registration #	
Home Address (Street Name and Number or P.O. Box)	Phone	
City/Town/Village	Province	Postal Code
Email Address		

**INSTRUCTIONS:** Please complete ONE of the following seven application categories as appropriate.

<input type="checkbox"/> <b>I have no previous authorization to administer drugs by injection in Nova Scotia or any other Canadian or eligible international jurisdiction*:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed a pharmacist immunization and injection education training program that has obtained CCCEP Competency Mapped Accreditation or is specifically approved by Council, or completed another program recognized by another Canadian provincial pharmacy regulatory authority (PRA) as meeting that PRA's education and training requirements for authorization of pharmacists to administer drugs by injection – proof of completion of this training is attached Date training program was completed (DD/MM/YYYY):</li> <li><input type="checkbox"/> I have valid certification in Cardiopulmonary Resuscitation (CPR) and First Aid – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> </ul>
<input type="checkbox"/> <b>I currently hold a valid NSCP Drug Administration by Injection Technical Permit:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have valid certification in Cardiopulmonary Resuscitation (CPR) and First Aid* – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> </ul>
<input type="checkbox"/> <b>I am currently authorized to administer drugs by injection in another Canadian or eligible international jurisdiction*:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> <li><input type="checkbox"/> I have completed the required <i>Self-Declaration of Competence to Administer Drugs by Injection</i> – see Page 2 of this application</li> </ul>
<input type="checkbox"/> <b>I previously held an NSCP Drug Administration by Injection Permit/Injection Technical Permit, but it lapsed within the last 2 years:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> <li><input type="checkbox"/> I have completed the required <i>Self-Declaration of Competence to Administer Drugs by Injection</i> – see Page 2 of this application, including the IMPORTANT NOTE about not being able to complete the <i>Self-Declaration</i></li> </ul>
<input type="checkbox"/> <b>I previously held an NSCP Drug Administration by Injection Permit/Injection Technical Permit, but it lapsed more than 2 years ago:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed a refresher version of a pharmacist immunization and injection education training program approved by Council, or completed another refresher program recognized by another Canadian provincial pharmacy regulatory authority Date refresher version of training program was completed (DD/MM/YYYY):</li> <li><input type="checkbox"/> I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> </ul>
<input type="checkbox"/> <b>I was previously authorized to administer drugs by injection in another Canadian or eligible international jurisdiction*, but it lapsed within the last 2 years:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> <li><input type="checkbox"/> I have completed the required <i>Self-Declaration of Competence to Administer Drugs by Injection</i> – see Page 2 of this application, including the IMPORTANT NOTE about not being able to complete the <i>Self-Declaration</i></li> </ul>
<input type="checkbox"/> <b>I was previously authorized to administer drugs by injection in another Canadian or eligible international jurisdiction*, but it lapsed more than 2 years ago:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have completed a refresher version of a pharmacist immunization and injection education training program approved by Council, or completed another refresher program recognized by another Canadian provincial pharmacy regulatory authority Date refresher version of training program was completed (DD/MM/YYYY):</li> <li><input type="checkbox"/> I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification – proof of certification is attached</li> <li><input type="checkbox"/> I have completed the required <i>Professional Declaration</i> – see Page 2 of this application</li> </ul>

\*as set out in Schedule A of the Waiver of Registrations or Licensing Requirements in the Public Interest – Applicants from Eligible International Jurisdictions Policy.

## Legal Declarations

### PROFESSIONAL DECLARATION:

In the matter of my application to the Nova Scotia College of Pharmacists (NSCP) for the DRUG ADMINISTRATION BY INJECTION PERMIT,

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_ declare that:  
Applicant's Full Name Applicant's City/Town/Village

- 1) I am the person referred to in the documents I have submitted to support my application, and that these documents accurately represent my qualifications;
- 2) I have met the requirements for the Drug Administration by Injection Permit as set out in the Pharmacist Extended Practice Regulations and in the *Standards of Practice: Drug Administration*;
- 3) I understand that the status of my eligibility for the Permit is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of professional misconduct; and

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

Declared this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

### SELF-DECLARATION OF COMPETENCE TO ADMINISTER DRUGS BY INJECTION:

In the matter of my application to the Nova Scotia College of Pharmacists (NSCP) for the DRUG ADMINISTRATION BY INJECTION PERMIT,

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_ declare that:  
Applicant's Full Name Applicant's City/Town/Village

I have completed a sufficient number of injections in the preceding two years to maintain the competency to administer drugs by injection; and

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

Declared this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

**IMPORTANT NOTE:** If you are required to complete this *Self-Declaration of Competence to Administer Drugs by Injection* as part of the Permit application process but are not able to make the declaration, you must complete a refresher version of a pharmacist immunization and injection education training program approved by Council, or complete another refresher program recognized by another Canadian (or eligible jurisdiction) provincial pharmacy regulatory authority.

Please indicate below if you have completed an education training program instead of completing the *Self-Declaration*.

- ☐ I am not able to make the above *Self-Declaration of Competence to Administer Drugs by Injection*. Instead, I have completed a refresher version of a pharmacist immunization and injection education training program approved by Council, or completed another refresher program recognized by another Canadian (or eligible jurisdiction) provincial pharmacy regulatory authority.

Date refresher version of training program was completed (DD/MM/YYYY): \_\_\_\_\_

- **Applications and associated documents can be submitted** by email to [registrations@nspharmacists.ca](mailto:registrations@nspharmacists.ca) or by fax to 902-701-3540
- **Payment can be made** by Credit Card (VISA or Mastercard) over the phone at 902-422-8528 extension 250.
- Once a completed application is received, it will be reviewed and once approved, a Permit will be provided to the applicant.
- Drug Administration by Injection Permits must be displayed conspicuously in the pharmacy.