

Pharmacy Student and Intern Application: NSCP Drug Administration by Injection Technical Permit

- You may not administer drugs by injection until you have been notified by the NSCP that your Technical Permit application has been approved.
- This Technical Permit does not authorize you to administer drugs by injection without being delegated to do so by a pharmacist with a valid NSCP Drug Administration by Injection Permit.
- Once approved, **your Technical Permit is valid until the end of the calendar year.**
- You must **renew your Technical Permit each year** during the annual licence renewal process.
- For more information on requirements to obtain and maintain a Permit, refer to the NSCP *Standards of Practice: Drug Administration*.

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 five application categories as appropriate.

☐ I have no previous authorization to administer drugs by injection in Nova Scotia or any other Canadian jurisdiction ☐ 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): ☐ I have valid certification in Cardiopulmonary Resuscitation (CPR) and First Aid* – proof of certification is attached ☐ I have completed the required <i>Professional Declaration</i> – see Page 2 of this application
☐ I currently hold a Technical Permit to administer drugs by injection in another Canadian jurisdiction: ☐ I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification* – proof of certification is attached ☐ I have completed the required <i>Professional Declaration</i> – see Page 2 of this application ☐ I have completed the required <i>Self-Declaration of Competence to Administer Drugs by Injection</i> – see Page 2 of this application
☐ I previously held an NSCP Drug Administration by Injection Technical Permit, but it lapsed within the last 2 years: ☐ I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification* – proof of certification is attached ☐ I have completed the required <i>Professional Declaration</i> – see Page 2 of this application ☐ 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>
☐ I previously held a Technical Permit to administer drugs by injection in another Canadian jurisdiction, but it lapsed within the last 2 years: ☐ I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification* – proof of certification is attached ☐ I have completed the required <i>Professional Declaration</i> – see Page 2 of this application ☐ 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>
☐ I previously held a Technical Permit to administer drugs by injection in another Canadian jurisdiction, but it lapsed more than 2 years ago: ☐ 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): ☐ I have completed valid Cardiopulmonary Resuscitation (CPR) and First Aid certification* – proof of certification is attached ☐ I have completed the required <i>Professional Declaration</i> – see Page 2 of this application

*A Permit is no longer valid if Cardiopulmonary Resuscitation (CPR) and First Aid certification expires.

Legal Declarations

PROFESSIONAL DECLARATION:

In the matter of my application to the Nova Scotia College of Pharmacists (NSCP) for the DRUG ADMINISTRATION BY INJECTION TECHNICAL 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 Technical Permit as set out in the Pharmacist Extended Practice Regulations and in the *Standards of Practice: Drug Administration*;
- 3) I understand that my Technical Permit is not an authorization to administer drugs by injection and that I may only do so if the authority has been delegated to me by a pharmacist with a valid NSCP Drug Administration by Injection Permit;
- 4) I understand that the status of my eligibility for the Technical 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 TECHNICAL 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 Technical 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 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 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 or by fax to 902-701-3540 or by mail to Nova Scotia College of Pharmacists, 800 – 1801 Hollis Street, Halifax, NS B3J 3N4.
- **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 Technical Permits must be displayed conspicuously in the pharmacy.