

PHARMACIST IMMUNIZATION REGISTRATION RENEWAL

For the period January 1, 2011 through December 31, 2011

Renewal Fee: \$10.00

Name: _____

Address: _____

License Number: _____

City, State Zip: _____

Your authority to prescribe or administer immunizations will expire on December 31, 2010. Please complete, sign, and mail this renewal application, with the \$10.00 fee, to the Board office.

This renewal must be submitted prior to December 31, 2010 in order to allow uninterrupted service to your patients.

Date of last certification in basic CPR: _____

Date certification expires: _____

Certification through:

- American Red Cross
 American Heart Association

I certify that the above information is correct, that I have completed a minimum of one (1) contact hour of continuing education (CE) related to immunizations, and that the CE was obtained during calendar year 2010.

- I recognize I must have a prescription from a prescribing practitioner to administer to high-risk adults.
- I hereby request renewal of my registration to prescribe and administer immunizations to healthy adults or administer immunizations to high-risk adults for the calendar year 2011, in accordance with the Wyoming State Board of Pharmacy Rules and Regulations, Chapter 16, Immunization Regulations.

Pharmacist Signature

Date

For Board use only.

Date received: _____ Amount paid: _____ Check number: _____ Date certificate mailed: _____