

WYOMING STATE BOARD OF PHARMACY
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002
307-634-9636 Telephone
307-634-6335 Fax
BOP@wyo.gov Email

INTERN IMMUNIZATION REGISTRATION RENEWAL
For the period October 1, through September 30,
Renewal Fee: \$10.00

Name: _____

Address: _____

License Number: _____

City, State Zip: _____

Email: _____

Your authority to administer immunizations will expire on September 30, of each year. Please complete, sign, and mail this renewal application, with the \$10.00 fee, to the Board office.

This renewal must be submitted prior to October 1 of each year 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 this last calendar year.

- 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 administer immunizations to healthy individuals, age 7 and above or administer immunizations to high-risk adults for the next calendar year, in accordance with the Wyoming State Board of Pharmacy Rules and Regulations, Chapter 3, Section 4, Immunization Regulations.

Intern Signature

Date

For Board Use

Date received: _____ Payment amount: _____ Check number: _____

Renewal cert. mailed: _____