

**INTERN APPLICATION TO ADMINISTER IMMUNIZATIONS**

**WYOMING STATE BOARD OF PHARMACY**

1712 Carey Avenue, Cheyenne, WY 82002 (307) 634-9636, Fax (307) 634-6335

- **Intern application fee is \$10.00.**
- **Make check payable to Wyoming State Board of Pharmacy.**
- **Registration will expire on September 30th of each year.**
- **Renewal notices will be sent by this office in August of each year. Renewal fee is \$10.00.**

**Instructions:**

1. Complete and sign the application.
2. Include a copy of immunization training certification.
3. Include a copy of current basic life support card (BLS, CPR).
4. **Incomplete applications will be returned, delaying your registration.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Wyoming Intern license number: \_\_\_\_\_

Immunization Training Certification: Date completed: \_\_\_\_\_

***Include a copy of certificate with this application.***

Only the following will be accepted by the board.

- American Pharmacy Association’s (APhA) training program entitled “*Pharmacy Based Immunization Delivery*”
- Washington State Pharmacy Association’s training program entitled “*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*”

Basic Life Support (BLS, CPR) Training: Date completed: \_\_\_\_\_ Exp Date: \_\_\_\_\_

***Include a copy of current BLS card with this application***

Only the following BLS certification will be accepted by the board.

- American Heart Association training program
- American Red Cross training program

I hereby apply for registration to administer immunizations to healthy adults and to administer immunizations to high risk adults in accordance with W.S. § 33-24-135(b) and Chapter 3, Section 4, Wyoming Pharmacy Act, Rules and Regulations. The information provided, as well as any attachments are correct as of the date of this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**IF INCOMPLETE, YOUR APPLICATION FOR REGISTRATION WILL BE DELAYED**

*For Board Use Only*

Date Received: \_\_\_\_\_ Amount pd: \_\_\_\_\_ Check #: \_\_\_\_\_ Registration mailed: \_\_\_\_\_