

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

**APPLICATION FOR REGISTRATION
AS AN INTERN TO ADMINISTER IMMUNIZATIONS**

- **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: _____ WY Intern License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

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 individuals age 7 and older 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

For Board Use

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

Date registration mailed: _____