

WYOMING STATE BOARD OF PHARMACY

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**APPLICATION FOR REGISTRATION
AS A PHARMACIST TO PRESCRIBE AND ADMINISTER IMMUNIZATIONS**

- **Pharmacist application fee is \$10.00.**
- **Make check payable to Wyoming State Board of Pharmacy.**
- **Registration will expire on December 31st of each year.**
- **Renewal notices will be sent by this office in November 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 License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Immunization Training Certification: Date completed: _____

Include a copy of certificate with this application.

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*"
- Contact the Board office if you completed a different course.

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 prescribe and administer immunizations to healthy Individuals age 7 and older and to administer immunizations to high risk adults in accordance with W.S. § 33-24-157 and Chapter 16, 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: _____