

Pennsylvania Registered Pharmacy Intern: Intent to Administer Vaccines under Supervision

Background:

On December 8, 2020, Pennsylvania Department of State expanded authority of supervised pharmacy interns to administer vaccines. By completing this form, registered pharmacy interns can provide age-appropriate influenza vaccinations to children 3 years of age and older and vaccinations to anyone 18 years of age or older, including COVID-19 vaccine, when available, under the direct supervision of a licensed pharmacist who holds an active authorization to administer injectable medications.

Full statement available: <https://www.dos.pa.gov/Pages/2020-12-08-waiver-pharmacy-interns-administer-vaccines.aspx>

The following MUST be completed and emailed to the Pennsylvania State Board of Pharmacy BEFORE administering a vaccine for the first time:

- Pharmacy Intern Name (Last Name, First Name, Middle Initial): _____
- Pennsylvania Pharmacy Intern License Number: _____
- Supervising Pharmacist Name (Last Name, First Name, Middle Initial): _____
- Supervising Pharmacist Pennsylvania License Number: _____
- Supervising Pharmacist Pennsylvania License to Administer Injectable Medications Number: _____

I attest that I have completed required immunization training on _____ (date) and have a current cardiopulmonary resuscitation (CPR) certificate active until _____ (date).

Registered Pharmacy Intern Signature

Date

This form MUST be emailed to the Pennsylvania State Board of Pharmacy BEFORE administering a vaccine for the first time: ST-PHARMACY@pa.gov

Maintain a personal copy of this form and the email sent to the Pennsylvania State Board of Pharmacy and provide a copy to your supervising pharmacist.