



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

Licensed Advanced Pharmacy Technician Initial Application

1. GENERAL INFORMATION					
Applicant's Name		First	Middle	Last	
Any Other Name You Have Ever Been Known By:					
Residence Address:					
Mailing Address:					
City	State	Zip Code	Home/cell Phone ()	Date of Birth: (MM/DD/YY):	
Social Security #: The Board is required to obtain your social security number for the purpose of child support enforcement compliance with RSA 161-B:11.				Personal E-mail Address:	
2. CURRENT PHARMACY EMPLOYMENT					
Name of Pharmacy Where You Are Currently Employed:				Date Of Hire as a Pharmacy Technician (MM/DD/YY) / /	
Complete Mailing Address Of Pharmacy					
Phone Number:			Email Address of Employer:		
<ul style="list-style-type: none">• Have you ever been convicted of a felony or admitted to sufficient facts to warrant such a finding? Yes____ No ____ If yes, submit an explanation of the circumstances surrounding such a finding or conviction.• Have you ever voluntarily surrendered, for disciplinary reasons a license, registration, or certification to practice as a pharmacist or pharmacy technician in any jurisdiction? Yes____ No ____ If yes, submit an explanation of such surrender?					
I attest this applicant has met the requirement for 2000 hours worked as a Certified Pharmacy Technician set forth in Ph 1803.01 (b)(2)(c).					
NH Licensed Pharmacist signature: _____				Date: _____	
Applicants Signature: _____				Date: _____	



State of New Hampshire
Board of Pharmacy

7 Eagle Square
Concord, NH 03301
Tel.: (603) 271-3252
Website: www.oplc.nh.gov/pharmacy

**Pharmacist and Advanced Pharmacy Technicians Application to
Administer Vaccines**

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE, OUT-DATED, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City		State	Zip Code	Home Phone () Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NH Pharmacist License Number	Are You <u>Currently</u> Certified By ACPE or APhA to administer vaccines by injection? <input type="checkbox"/> Yes* If Yes, you must attach a copy of your current ACPE Certificate. <input type="checkbox"/> No* If No, you are not eligible to vaccinate.		
Do you possess at least \$1,000,000 of professional liability insurance?		<input type="checkbox"/> Yes * You <u>must</u> attach a copy of the current insurance certificate. <input type="checkbox"/> No * If No, you are <u>not</u> eligible to vaccinate.		
Do you hold current basic or higher certification in cardiopulmonary resuscitation (CPR)?		<input type="checkbox"/> Yes * You <u>must</u> attach a copy of the current CPR certificate. <input type="checkbox"/> No * If No, you are <u>not</u> eligible to vaccinate.		

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy	Date Of Hire As A Pharmacist (MM/YY) /
Complete Address of Pharmacy	

3. REGISTRATION

Are you now or have you ever been registered/licensed/authorized to administer vaccines in any other state? ☐ Yes* ☐ No
*If yes, indicate which state(s), and whether or not the registration/licensure/authorization is current. _____

4. REQUIRED ATTACHMENTS & APPLICANT'S STATEMENT

The following 3 attachments must be included with this application for it to be accepted and processed:

- ☐ Copy of your current CPR / BLS Certification Card ☐ Copy of your proof of Liability Insurance Coverage
☐ Copy of your proof of CE / Training from your College of Pharmacy, ACPE, or APhA.

I certify that I am the person described and identified in this application; that I have read Ph 1300 of the NH Code of Administrative Rules, and that I have met the requirements for administering approved vaccines per NH RSA 318:16-b; and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacist able to administer vaccines in the State of New Hampshire.

Signature: _____

Date: _____

Your updated pharmacist license showing this vaccine endorsement will be issued within 2 weeks of receipt of your completed application.

Your updated license with endorsement must be posted or kept on file at your pharmacy of employment & presented to state pharmacy inspectors upon request.