



New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, P.O. Box 45013
Newark, New Jersey 07101
(973) 504-6450

Pharmacist Application for Initial Approval to Administer Vaccines

Instructions

1. Complete, sign and have the application notarized.
2. Attach a copy of your immunization course completion certificate as outlined in N.J.A.C. 13:39-4.21(b)1 i - xiii.
3. Attach a copy of your current certification in Basic Life Support (B.L.S.) or Cardiac Pulmonary Resuscitation (C.P.R.).
4. Please return this form to the Board of Pharmacy at the address above.
5. **Incomplete applications will be returned, which will delay your approval.**

Applicant's Information

Please print CLEARLY.

Name: _____
Last First Middle

License number: _____

Mailing address: _____
Street Address City State ZIP Code

Telephone number: _____
(include area code)

Pharmacy Practice Site/Primary Place of Employment

Name: _____

Pharmacy Permit number: _____

Address: _____
Street Address City State ZIP Code

Telephone number: _____
(include area code)

AFFIDAVIT WITH ACKNOWLEDGMENT

(Notarization required)

I, _____, in making this application to the Board for approval to administer vaccines, certify that I am the applicant and swear and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial of approval or to withhold renewal of or suspend or revoke a license issued by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

