



RP. 05 Pharmacy Students / Provisional Pharmacists Administering Injections

Approved by Council: June 16, 2020

Reviewed and Updated:

Resources: [Regulated Health Professions Act](#)
[Pharmacist and Pharmacy Technician Regulations](#)

PEI College of Pharmacy policies, together with legislation, practice directives, standards and guidelines outline the practice expectations of pharmacists and pharmacy technicians in the province.

Policies use “must” to indicate an action that is mandatory for a pharmacy professional. Policies use “may” to indicate that the registrant may use professional discretion.

Purpose

The purpose of this policy is to further define requirements for pharmacy students and provisional pharmacists to administer injections.

Application

This policy is applicable to pharmacy students and provisional pharmacists.

Policy

Pharmacy students or provisional pharmacists may administer drug therapy by injection under the following conditions.

The pharmacy student or provisional pharmacist must:

1. Be registered with PEICP and meet all registration requirements, including first aid/CPR and professional liability insurance.
2. Have successfully completed a CCCEP stage II accredited immunization and injection training and education program (i.e. Dalhousie IIATP) OR received their education and training on the administration of injections as part of the pharmacy program core curriculum.
3. Be under the direct supervision¹ of a pharmacist who holds an extended practice certificate in drug administration.
4. Complete a record of injections to submit with initial application for an extended practice certificate in drug administration when registering as a pharmacist in the general class.

¹ Direct supervision means that the pharmacist supervising must be physically present in the pharmacy.



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Pharmacy Student / Provisional Pharmacist Record of Injections

(Submit to PEICP along with initial application for an Extended Practice Certificate in Drug Administration)

Name: _____ PEICP Registration No. _____

Date	Product Administered	Student Signature	Supervising RPh Signature	Supervising RPh Registration No.	Comments