

Conditions of Use for Immunization Protocol from Arkansas Department of Health

Protocol may only be used for pharmacists who:

- Have been unsuccessful in finding a local physician to sign their pharmacy's protocol
- Are in good standing with the Arkansas State Board of Pharmacy
- Have current Authority to Administer
- Are a member of the Arkansas Pharmacists Association
- Reviewed the "Best Practices for Pharmacist-Administered Immunization Services in Arkansas"
- Have access to the state's immunization registry

Applicant for use of protocol

- Send all application-related materials to john@arrx.org
 - Request should include
 - Name(s) of all pharmacists who will be immunizing, pharmacy name and address
 - License number(s) and authority to administer number
 - Copy of a current CPR for healthcare providers card for each pharmacist who will be immunizing
- Must have adequate emergency supplies available in pharmacy when administering immunizations
- Must inform medical liability insurer that Dr. Jennifer Dillaha will be signing pharmacy's immunization protocol

To be allowed continued use of the protocol, participating pharmacists must:

- Adhere to all applicable “Best Practices for Pharmacist-Administered Immunization Services in Arkansas”
- Review the protocol annually
- Report all doses given per protocol to Arkansas Immunization Registry
- Use the “Universal Immunization Consent Form” provided by the APA