

Maryland Board of Pharmacy
 4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207
 www.health.maryland.gov/pharmacy



Pharmacist Administration of Vaccinations Registration Form

Registration is required for pharmacists who administer certain vaccinations as set forth under COMAR 10.34.32.
 Mail to Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991; email to mdh.mdbop@maryland.gov, or fax to 410-358-6207.

PRINT OR TYPE ONLY

SECTION 1 – PHARMACIST INFORMATION					
Name:					
Maryland License #:		License Expiration Date:			
Street Address:					
City:		State:		Zip:	
Home Phone:					
Work Phone:					
Email Address:					

SECTION 2 – PERMIT HOLDER INFORMATION (IF APPLICABLE)					
Name:					
Permit #					
Street Address:					
City:		State:		Zip:	
Telephone Number:					
Fax Number:					
Company Web Address:					

CERTIFICATION	DATE OF COMPLETION
Vaccination Certification (MUST ATTACH A COPY OF THE CERTIFICATE)	
CPR Certification (must be obtained through in-person classroom instruction) (MUST ATTACH A COPY OF THE CERTIFICATE)	

I certify that the above information is true, correct, and complete; and if such certification is granted, I agree to abide by the laws surrounding administration of influenza, herpes zoster and pneumococcal pneumonia vaccinations in the State of Maryland, all civil and criminal laws, as well as the rules and regulations promulgated by the Maryland Board of Pharmacy. By signing this application, I understand that any violation of these laws, rules or regulations may constitute grounds for revoking this certification to administer vaccinations in the State of Maryland.	
Signature:	_____
Date:	_____