

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



BOARD USE ONLY	
Permit Number:	
Approval Date:	
Approval By:	

Pharmacist Administration of Vaccinations Registration Form

Registration is required for pharmacists who administer certain vaccinations as set forth under Code of Maryland Regulations 10.34.32. Mail to Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991; email to dhmv.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:					

REQUIRED DOCUMENTS ENCLOSED:		
CERTIFICATION	DATE OF COMPLETION	PHARMACIST INITIALS
Vaccinations Certification Course (must include the current guidelines and recommendations of the Centers for Disease Control and Prevention)		
CPR Certification		

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 violation will constitute grounds for revoking this certification to administer vaccinations in the State of Maryland.

Signature:	_____
Date:	