

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 ([WebIZ](#))

Applicant for use of protocol

- Submit all application-related information [here](#)
 - Required information includes:
 - Pharmacy name and address
 - Name(s) of all pharmacists who will be immunizing, their license number and authority to administer number
- 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, all participating pharmacists *must*:

- Review the protocol annually
- Adhere to all applicable "[Best Practices for Pharmacist-Administered Immunization Services in Arkansas](#)"
- Meet [OSHA](#) requirements
 - Have an [Exposure Control Plan](#) on file, and review and update annually
 - Record or waiver of hepatitis B vaccination
 - Complete [bloodborne pathogen training](#) every year ([self-assessment](#) offered by APA)
- Report all doses given per protocol to Arkansas Immunization Registry ([WebIZ login](#))
- Use the universal "[Immunization Consent Form](#)" provided by the APA