

## South Carolina Department of Labor, Licensing and Regulation

## **South Carolina Board of Pharmacy**

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## **Vaccination Provider Registration**

Nonstate-certified pharmacy technicians can use this form to register as a vaccination provider as required under S.C. Code Ann. § 40-43-190(B)(4)(b)(ii) to administer vaccinations pursuant to the Protocol for Administration of Vaccines by Pharmacists. Once completed, log into your e-service account and upload: https://eservice.llr.sc.gov/DocumentSubmission/.

NOTE: The only nonstate-certified pharmacy technicians eligible to provide vaccinations under the Protocol for Administration of Vaccines by Pharmacists are those technicians that trained and administered vaccines under the federal Public Readiness and Emergency Preparedness (PREP) Act prior to July 2, 2024, as outlined in S.C. Code Ann. § 40-43-190(B)(4)(b)(ii).

Name: \_\_\_\_\_ License/Registration No.: \_\_\_\_

Eli	igibility Questions		
1.	Did you complete a practical training program prior to July 2, 2024, pursuant to the federal PREP Act that was approved by the Accreditation Council for Pharmacy Education (ACPE) and included hands-on injection technique and recognition and treatment of emergency reactions to vaccines?	Yes	No
2.	Did you provide vaccinations pursuant to the PREP Act prior to July 2, 2024?	Yes	No
3.	Do you currently have a certification for completion of either the American Heart Association BLS for Healthcare Providers Course or the American Red Cross Adult and Pediatric CPR/AED Course?	Yes	No
Ac	knowledgement		
•	signing below, I understand that as a vaccination provider and while providing vaccine administration to the Protocol for Administration of Vaccines by Pharmacists, I am required to:	istrations	S
	1) be supervised by a pharmacist that has received the required training under the protocol,		
	2) maintain a current certification through an approved basic life support or CPR provider-level course (renewed every 2 years) as outlined in the protocol, and		
	3) complete no less than one (1) hour of continuing education each license year radministration of vaccines.	regarding	3
Sig	gnature Date	_	
Va	eccination Provider Registration (Rev. 10/21/2024 V 1)  Page 1 of	1	