



SOUTH DAKOTA BOARD OF PHARMACY

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Application for Authorization to Administer Immunizations

1. An immunization registration issued by SD BOP allows you to immunize in the state of South Dakota only.
2. If you completed the immunization requirements in your online license application (new or renewal), DO NOT submit this application in addition.
3. This application should be used to obtain an immunization registration during periods outside of license renewal
4. An immunization registration expires every year; there is no fee for an immunization registration
5. Complete the "New" or "Renewal" not both sections
6. Send completed form and all required documents (in a PDF format) to the email above
7. The immunization registration designation appears on your pharmacist license

Immunization Application

Name: _____

SD License #: _____

Email: _____

NEW APPLICANT (first time applicants only)

Check each completed application item

___ I have attached a copy of my **Certificate of Completion** of an Approved Training Program for Administration of Influenza Immunizations which includes:

- Basic immunology and the human immune response,
- Mechanics of immunity, adverse effects, does and administration of an immunization,
- Administration of intramuscular injections, and
- Record keeping and reporting requirements as set forth by § 20:51:28:05

___ I have attached a copy of certificate of completion of current cardio-pulmonary resuscitations training and the date acquired.

RENEWAL APPLICANT (anyone who has ever been issued a SD immunization registration)

Check each completed application item

___ By checking this box, I attest that I have completed the required one hour of continuing education related to immunizations in the 12 months prior to license expiration date AND not previously reported to the Board. **DO NOT include CE documents with immunization renewal application.**

___ I have attached a copy of a certificate of completion of current cardio-pulmonary resuscitations training and the date acquired.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____

Date: _____