

The American Pharmacists Association's Immunization Certificate Training Program



HOSTED BY:

DATE:

HELD AT THE [LOCATION]:

APhA'S PHARMACY-BASED IMMUNIZATION DELIVERY certificate training program (13th Edition) is an innovative, intensive, and practice-based continuing pharmacy education activity, based on national educational standards for immunization training from the Centers for Disease Control and Prevention.

The purpose of this certificate training program is to prepare pharmacists with comprehensive knowledge, skills, and resources necessary to provide immunization services to patients across the life span.

THE GOALS OF THIS PROGRAM ARE TO:

Educate pharmacists about:

- The impact of vaccines on public health.
- Pharmacists' roles in immunization.
- Immunologic principles of vaccine development and immunizations.
- Vaccine-preventable diseases and the vaccines used to prevent them.
- Strategies for improving immunization rates.
- Requirements for pharmacists who provide immunization services.

Prepare pharmacists to:

- Read an immunization schedule and identify appropriate vaccines for individuals across the life span and with special needs.
- Educate patients about the benefits of vaccines and dispel myths about vaccines.
- Safely administer vaccines to patients via subcutaneous, intramuscular, intranasal, and intradermal routes.
- Operate an immunization service in compliance with legal and regulatory standards.
- Partner with immunization stakeholders to promote immunizations and the immunization neighborhood.

Direct pharmacists to resources necessary to:

- Promote public health through immunizations.
- Access regularly updated information about vaccines and their use.
- Effectively communicate with patients and other stakeholders about resources.
- Operate an immunization service in compliance with legal and regulatory standards.

APhA'S PHARMACY-BASED IMMUNIZATION DELIVERY certificate training program has three components: online interactive self-study with assessment; the live seminar with online final assessment; and hands-on assessment of intramuscular and subcutaneous injection technique. A Certificate of Achievement will be awarded to participants who successfully complete all program components, including an evaluation.

KEY LEARNING OBJECTIVES FOR THE LIVE TRAINING SEMINAR ARE:

At the completion of this activity, the participant will be able to:

1. Describe strategies for increasing immunization rates, including physician collaborations, community level activities, and immunization coalition activities
2. Describe pharmacy operations and a process for administering vaccines in various pharmacy practice settings
3. Evaluate patient histories and make patient-specific recommendations based on the appropriate immunization schedule
4. Demonstrate effective strategies for communicating with patients who have concerns about vaccines
5. Describe current evidence regarding vaccine safety
6. Recognize the signs and symptoms of adverse reactions that can occur after vaccination
7. Describe procedures for management of patients with adverse reactions to vaccination that constitute an emergency
8. List the steps for administering currently available intranasal and intradermal vaccines
9. Demonstrate appropriate intramuscular and subcutaneous injection techniques for adult immunization

For a complete list of learning objectives and for all APhA accreditation information and policies, please visit APhA's website, <http://www.pharmacist.com/pharmacy-based-immunization-delivery>.

SEMINAR AGENDA

- Check-in and Continental Breakfast
- Welcome, Introductions and Acknowledgements
- Clinical Review
- **Morning Break**
- Managing a Pharmacy-Based Immunization Program
- Strategies for Increasing Immunization Rates
- **Lunch**
- Applying ACIP Immunization Schedules
- Communicating with Patients
- **Afternoon Break**
- Vaccine Administration Technique
- Transitional/Summary Remarks
- Skills Assessment

ACTIVITY COMPLETION REQUIREMENTS AND CONTINUING PHARMACY EDUCATION (CPE) INFORMATION

Initial release date: 04/15/2014; expiration date: 04/15/2017

Successful completion of the self-study component involves passing the self-study assessment with a grade of 70% or higher and will result in 12 contact hours of CPE credits (1.2 CEUs). ACPE Universal Activity Number: 0202-9999-14-002-H01-P

Successful completion of the live seminar component involves attending the full live seminar, passing the final assessment with a grade of 70% or higher and demonstrating competency in 2 intramuscular and 1 subcutaneous injection. Successful completion of this component will result in 8 contact hours of CPE credit (0.80 CEU). ACPE Universal Activity Number: 0202-9999-14-003-L01-P

Once credit is claimed, Statements of Credit will be available online within 24 hours on participant's CPE Monitor profile at www.nabp.net. The Certificate of Achievement will be available online upon successful completion of the necessary activity requirements on the participant's "My Training" page on www.pharmacist.com

ACTIVITY TYPE: Practice-based

TARGET AUDIENCE: Pharmacists in all practice settings

CONTINUING PHARMACY EDUCATION (CPE) CREDIT:

FACULTY



The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

ACTIVITY REQUIREMENTS - Course material and exams will be accessed online - In order to participate in this activity, registrants must have access to a computer with minimum system requirements: Internet connectivity with current version of internet browsers, such as Chrome, Firefox, Safari, or Internet Explorer (V8 and above); Adobe Acrobat Reader, Flash Player 8 or higher, Windows 95, Pentium 3 or equivalent processor, 64 MB of free memory (not 64 MB total), and Audio: Sound card and speakers or earphones. For full technology requirements, please visit <http://www.pharmacist.com/pharmacy-based-immunization-delivery>

REFUND POLICY

PHARMACY-BASED IMMUNIZATION DELIVERY: A Certificate Training Program for Pharmacists was developed by the American Pharmacists Association.



To register for this program, please complete and return this form by to:

HOST ORGANIZATION:

ATTN:
[CONTACT NAME]

FAX:

EMAIL ADDRESS:

PHONE:

This program is limited to the first _____ registered participants

REGISTRANT NAME:

BILLING ADDRESS:
(NOT A PO BOX)

CITY:

STATE:

ZIP CODE:

PHONE:

EMAIL ADDRESS:

Current Position: Pharmacist Student Other:

NOTE: Please be advised that this program is subject to postponement or cancellation if the required minimum number of registrants is not met at least _____ days prior to the program.

Yes, I have a current CPR certificate. Exp. Date:

No, I do not have a current CPR certificate. I plan to become certified by:

Tuition: \$ Preceptor \$ Alumni \$
 \$ Non-preceptor/non-alumni \$ Student

Check # payable to: [Your organization here]

Credit Card: VISA MASTERCARD AmEx Discover

NAME ON CARD:

NUMBER:

SECURITY CODE:

EXP. DATE: