

College of Naturopathic Physicians of British Columbia

FORM

Application for Certification in Immunization

Privacy and Security

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

IMPORTANT: The College reviews applications in the order in which they are received. You will be notified as to whether your application was successful. You must not prescribe and administer an immunization until you have received a letter from the College confirming that you have obtained certification in Immunization.

| APPLICANT INFORMATION | | |
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| Given name(s): | | Registration (Licence) Number: |
| Surname: | | _0_ _0_ _ _ _ |
| Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> Former | | |
| Primary Place of Practice Address: | | |
| City: | Prov./Terr.: | Postal Code: |
| Telephone: | Fax: | Email: |

List any addresses where the Applicant carries on the business of providing the services of naturopathic medicine. If additional space is required, please attach a separate page to this application. (To report a new practice location or update location information, please download a "Places of Practice Information Form" from the College website and attach it to this application.)

Standards, Limits and Conditions for Immunization

The following are the College of Naturopathic Physicians of BC (the “College”) standards, limits and conditions for Immunization:

1. Obtain informed, written consent from the patient or patient’s agent with regard to:
 - Name of the vaccine to be administered
 - Disease prevention or treatment of anaphylaxis
 - Benefits and risks of the vaccine
 - Expected reactions
 - Usual and rare side effects
 - Rationale for the 15-30 minute wait period following the injection

2. Prepare and provide care of the injection site including:
 - Assessment of the injection site
 - Selecting and land-marking the injection site
 - Determining the requirement for dressings

3. Prepare the injection for administration including:
 - Using aseptic technique in preparation and administration of the injection
 - Checking the drug product and expiry date
 - Determining the stability / compatibility
 - Assembling appropriate equipment and supplies (syringes, needles and administration sets)
 - Drawing the injection product from the vial or ampoule
 - Maintaining asepsis throughout the process
 - Applying universal precautions
 - Properly storing prepared injections / solutions

4. Document history, assessment and injections administered including but not limited to:
 - Drug, dose and lot number given
 - Route of administration
 - Date and time of administration
 - Patient response (before, during and following the 15-30 minute wait period)
 - Patient or patient’s agent contact information
 - Provide patient or patient’s agent with the administering naturopathic physician’s contact information
 - Patient teaching done (adverse reactions and management and plans for follow-up)

5. Implement appropriate emergency measures including but not limited to:
 - Performing basic first aid procedures
 - Using adrenalin / epinephrine
 - Performing CPR
 - Establishing procedures for handling sensitivity anaphylactic reactions
 - Managing needle stick injuries

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| Applicant Initials: |
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College of Naturopathic Physicians of British Columbia

6. Develop, maintain and review, at least annually, a policy and procedure manual including but not limited to:
 - Emergency procedure protocol
 - Emergency treatment protocol including the following minimum equipment or supplies:
 - Adrenalin / epinephrine and appropriate syringes for administration
 - Diphenhydramine
 - Appropriate equipment including a resuscitator bag to maintain airways including adult and child airways
 - Precautions required for patients with latex allergies
7. Maintain a setting within which the injection is to be administered that is clean, safe, comfortable and appropriate, private and furnished for the patient
8. Notify and provide relevant information to other health professionals, as appropriate. Registrants will be guided by current standards, limits and conditions for referrals to a medical doctor, as set out in the College’s “Scope of Practice: Standards, Limits and Conditions for Prescribing, Dispensing, and Compounding Drugs,” at p. 21, “Physician Consultation and Referral,” which can be found on the College website (www.cnpbc.bc.ca).

Limits

1. A naturopathic physician must not administer an injection to a child under 5 years old.
2. Registrants who become certified after successful completion of the BC Centre for Disease Control (BCCDC) online course must possess the competencies established by the BCCDC and follow the decision support tools established by the BCCDC.

Conditions

1. Only naturopathic physicians who are on the Full Registration register of the College and who have Prescriptive Authority certification may apply for authorization to administer vaccines.
2. A naturopathic physician must apply to the College for authorization to administer vaccines within one year of successful completion of the required training program.
3. A naturopathic physician must receive notification from the College of their authorization prior to administering a vaccine.
4. When a naturopathic physician chooses to administer a vaccine, the injection must be performed in accordance with the standards established by the College of Naturopathic Physicians of BC and within the limits of each naturopathic physician’s own competencies.

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| Applicant Initials: |
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APPLICANT ATTESTATION (required):

I, _____, declare that:

Name of Applicant

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| I have the status of full registration under section 46 of the CNPBC bylaws. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have completed a course in NCLS or ACLS within the past two years and attached a copy of my course completion certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On file |
| I am certified in Prescriptive Authority. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have completed the BCCDC online immunization competency course and my course completion certificate is attached or enclosed. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have read and agree to comply with the above Standards, Limits and Conditions for Immunization, and have initialed both pages. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant's Signature

Date Applied (yyyy/mm/dd)

Date Approved (yyyy/mm/dd)

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| FOR OFFICE USE ONLY | |
| <input type="checkbox"/> Full registrant | |
| <input type="checkbox"/> Rx authority | date _____ |
| <input type="checkbox"/> NCLS | date _____ |
| <input type="checkbox"/> BCCDC certificate | date _____ |
| _____ Signature | _____ Date |

INFORMATION FOR SUBMITTING YOUR APPLICATION

Sign and return form to the College of Naturopathic Physicians of British Columbia.

By mail: 840-605 Robson Street, Vancouver BC V6B 5J3

By fax: (604) 688-8476

By email: admin@cnpbc.bc.ca

***If you have any questions regarding this process,
please feel welcome to contact the College and staff will be pleased to assist you.***

Phone: (604) 688-8236