

REPORTING INJECTION TRAINING AND CPR AND FIRST AID CERTIFICATION AS A PHARMACIST (EMERGENCY ASSIGNMENT) OR PHARMACY TECHNICIAN (EMERGENCY ASSIGNMENT)

Injection Training is not a registration requirement. However, if you have completed the [OCP-approved injection training](#) course and wish to administer injections, you are required to register your injection training with the College. Please complete this form.

CONTACT INFORMATION

A	LAST NAME (SURNAME)			OCP NUMBER (REQUIRED)	
	FIRST NAME		MIDDLE NAME(S)	FORMER NAME(S)	
	STREET ADDRESS		CITY	PROVINCE	POSTAL CODE (REQUIRED)
	PRIMARY PHONE		SECONDARY PHONE	EMAIL	

FOR PHARMACISTS (EMERGENCY ASSIGNMENT)

I hereby declare that I have successfully completed an OCP-approved injection training course

☐ I agree

I am certified in [CPR and First Aid](#) (the equivalent of St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C), and will maintain valid certification for the duration of my emergency assignment registration

☐ I agree

* Do not submit a copy of your training certificates unless asked to do so by OCP Staff

FOR PHARMACY TECHNICIANS (EMERGENCY ASSIGNMENT)

I hereby declare that I have successfully completed an OCP-approved injection training course

☐ I agree

Valid certification in CPR and First Aid is recommended but not mandated at this time as pharmacy technicians (emergency assignment) will only administer the vaccine under supervision and in a setting where other health care professionals are required to have this certification.

* Do not submit a copy of your training certificates unless asked to do so by OCP Staff

SIGNATURE

C	DATE SIGNED	APPLICANT SIGNATURE REQUIRED

The "signature and or initials", in any electronic format executed on this form is considered as equivalent to an original signature and shall have the same force and effect as an original or manual signature without limitation to a faxed, scanned and or electronically delivered version of an original signature in accordance to the [Personal Information Protection and Electronic Documents Act \(PIPEDA\) Part 2](#). Your signature or eSignature confirms the information and acknowledgments on this application form and your intent to complete the application form.

If you have inquiries or to submit your form, email: registrantservices@ocpinfo.com