



**HOSTED BY:
VPHA FOUNDATION**

AUGUST 6, 2008

WYNDHAM VIRGINIA BEACH OCEANFRONT

To arrange hotel accommodations, please contact:
1-800- 685-5105

Pharmacy-Based Immunization Delivery is an innovative and interactive training program that teaches pharmacists the skills necessary to become a primary source for vaccine information and administration. The program teaches the basics of immunology and focuses on practice implementation and legal/regulatory issues.

The goals of the program are to:

- Provide comprehensive immunization education and training;
- Provide pharmacists with the skills, resources and materials necessary to establish and promote a successful immunization service;
- Teach pharmacists to identify at-risk patient populations needing immunizations; and
- Teach pharmacists to maintain necessary immunization records.

Pharmacy-Based Immunization Delivery certificate training program is conducted in two parts – a self-study learning component and a live training seminar. *A Certificate of Achievement will be awarded to participants who successfully complete all program components.*

Key learning objectives for the live training seminar are:

1. Define the pharmacist's role in immunization advocacy, education, and administration.
2. Analyze basic immunology and its relationship to vaccination.
3. Describe microbial and immunologic characteristics of vaccine preventable diseases.
4. Demonstrate understanding of immunization schedules for both children and adults.
5. List common adverse reactions and contraindications of vaccines
6. Review the legal, regulatory, and liability issues involved with pharmacy-based immunization programs.
7. Outline documentation and record-keeping methods and requirements.
8. Explain the planning elements required to establish a pharmacy-based immunization service including storage and handling requirements for vaccines.
9. Describe general principles of emergency response to anaphylaxis.
10. Describe and demonstrate appropriate intramuscular, subcutaneous, and intranasal administration technique for adult immunization.

SEMINAR AGENDA

- Registration/Check-in and Continental Breakfast
- Welcome, Introductions and Acknowledgements
- Vaccine Need and the Pharmacist's Role
- Documentation & Record Keeping
- Morning Break
- Planning, Marketing, and Compensation
- Legal & Regulatory Issues
- Immunopharmacy 102
- Schedules and Timing
- Adverse Reactions
- Vaccine Storage and Management
- Epidemiology & Disease Prevention
- Lunch
- Epidemiology & Disease Prevention
- Afternoon Break
- Epidemiology & Disease Prevention
- Self-study case review
- Emergency Plans and Epinephrine
- Transitional/ Summary Remarks
- Vaccine Administration Technique Skills Training and Assessment
- Practical Examination (Final)

CE CREDIT

CPN: 202-0011: Expiration Date: 03/17/09

Successful completion of the live seminar component involves passing the final exam 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 8.0 contact hours of continuing education credit (0.80 CEU).

ACPE UPN: 202-278-06-111-L01.

Successful completion of the self-study component involves passing the self-study assessment questions with a grade of 70% or higher and will result in 12.0 contact hours of continuing education credits (1.2 CEU).

ACPE UPN: 202-278-06-118-H01.



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



Pharmacy-Based Immunization Delivery: A Certificate Program for

Pharmacists was developed by the American Pharmacists Association, and is supported in-part by an educational grant from VaxServe.

To register for this program, please complete and fax this form by **July 18, 2008** to:

VPhA Foundation, 2530 Professional Road, Richmond, VA 23235

Phone: (804) 285-4145

Fax: (804) 285-4227

e-mail: megan@vapharmacy.org

This program is limited to the first 50 registered participants.

Name – Please Print or Type _____

Mailing Address (to ship self-study materials)
Zip Code _____

City _____

State _____

Telephone Number _____

Fax Number _____

Email Address _____

Current Status: Pharmacist Student Other: _____
 Yes, I have a current CPR certificate. Exp. Date: _____

**Tuition Payment: __\$295 Pharmacist Member
__ \$495 Pharmacist Non Member __ \$150 Student**

Check # _____

Credit Card (circle one): VISA MasterCard

Number: _____

Exp. Date: _____

Sec. Code (3-digit on back of card) _____