

## **Alberta COVID-19 Pharmacy Immunization Program – Enrollment Form**

### **Mandatory Program Requirements – Phase 1B COVID Immunization Plan**

- Enrollment in the Alberta COVID-19 Pharmacy Immunization Program (ACPIP) is done at the community pharmacy level; it is NOT done at the individual pharmacist level.
  - The pharmacy licensee is responsible for completing and submitting this enrollment form.
- The assessment and administration of COVID-19 vaccine is currently for eligible Albertans 75 years of age and over in the community (born in 1946 or earlier).
- The pharmacy licensee and eligible pharmacists within the pharmacy MUST read the Alberta COVID-19 Pharmacy Immunization Program Document and materials to fully understand and agree with the ACPIP requirements and the roles and responsibilities of the pharmacy and pharmacist.
  - It is the responsibility of the pharmacy licensees to ensure this occurs.
- Pharmacies MUST be able to meet ALL requirements for ACPIP in order to be considered for enrollment by Alberta Health. Albert Health reserves the right to select participating pharmacies based on service needs in the communities in which pharmacies are located.
- If a pharmacy CANNOT meet ALL requirements, or it is determined that a pharmacy upon enrollment has NOT met requirements, then a pharmacy may be removed from ACPIP at the discretion of Alberta Health.

<b>PHARMACY INFORMATION</b>	
Alberta Blue Cross Provider ID:	
Pharmacy Name:	
Pharmacy Address:	
Pharmacy Telephone Number:	
Pharmacy Email Address:	
Primary Pharmacy Contact Name:	
Pharmacy Website Address for Booking Appointments (if available):	
<b>Initial</b>	<b>REQUIREMENTS CHECKLIST (initial <u>EACH</u> BOX TO ACKNOWLEDGE)</b>
<input type="checkbox"/>	The pharmacy must submit all claims for immunization services via Alberta Blue Cross on a daily basis in order to meet all the reporting and data submission requirements for publicly funded vaccines (i.e. Influenza) as outlined in the <i>Immunization Regulation</i> .
<input type="checkbox"/>	The pharmacy must order vaccine and submit daily reconciliations to the Alberta Vaccine Inventory (AVI) Management System.
<input type="checkbox"/>	All pharmacists in the pharmacy who will be conducting the assessment and administration of COVID-19 vaccine have read the program document, training and education materials, and confirm they understand all storage, handling, documentation and reporting requirements for the COVID-19 vaccine they will be using.
<input type="checkbox"/>	The pharmacy satisfies all of the vaccine storage requirements as found in the Alberta Vaccine Storage and Handling for COVID-19 policy; the pharmacy must have an on-site, temperature monitored, medical grade vaccine fridge.
<input type="checkbox"/>	For Phase 1B, the assessment and administration of COVID-19 vaccine is for eligible Albertans 75 years of age and over in the community (born in 1946 or earlier).

<input type="checkbox"/>	COVID-19 vaccine must ONLY be administered on-site at this pharmacy to comply with handling, storage and transport requirements.
<input type="checkbox"/>	Administration of COVID-19 vaccine will be managed on an appointment only basis.
<input type="checkbox"/>	The pharmacy has the capability and capacity to begin administering COVID-19 vaccines <u>as soon as</u> the week of March 15, 2021 dependent on confirmation of vaccine supply being shipped to and received at the pharmacy.
<input type="checkbox"/>	Acknowledge that pharmacy names, location and contact details of participating pharmacies will be published on Alberta Blue Cross and Alberta Health websites for access by the public.

The pharmacy licensee, by initialing the above items and signing below, verifies and attests that pharmacy (insert name here) fully meets all mandatory requirements for enrollment in the Program. In addition, Alberta Health will select participating pharmacies at its sole discretion and failure to meet any of the requirements may lead to immediate removal from the Program at the sole discretion of Alberta Health, without notice and/or cause.

Licensee Name:

Licensee Signature:

Date:

Form must be completed and submitted **no later than March 5, 2021 for early enrollment processing** to Alberta Blue Cross at [PACVP@ab.bluecross.ca](mailto:PACVP@ab.bluecross.ca)

Attached: Alberta COVID-19 Pharmacy Immunization Program Document