

# Provisional Vaccinator Authorisation Application Form

Please ensure this form is completed **in full** and emailed with **all** attachments to **vaccinatorauthorisations@health.govt.nz** with 'Authorisation Application - PV' in the subject heading.

Note: We cannot process incomplete forms.

**Please note: This is a fillable form, If you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.**

## Applicant details

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Name

Email address

Contact phone number

Employer

DHB area

**Ethnicity** (select all that apply)

Māori	New Zealand European	Indian	Samoan	Tongan
Chinese	Cook Island Maori	Niuean	Do not wish to respond	
Other (Please state)				

**Professional qualification**

(eg, RN, 4th year pharmacy student)

**APC number**

**IMAC LMS** (see certificate from IMAC)

**Indicate below which authorisation you are applying for**

Provisional Vaccinator (Influenza and MMR only)

Provisional Vaccinator (Influenza, MMR and COVID-19 vaccine)

Reapplying to add "COVID-19 Vaccine" to current Provisional Vaccinator (Influenza, MMR) Authorisation

## Documentation

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Please attach **all relevant** documents (tick if attached)—**All** documents must be attached in a **single email**

One of the following relevant documents:

Current Annual Practicing certificate (screen shot of register acceptable)

Interim Practicing Certificate (screen shot of register acceptable)

Student ID and transcript/letter of enrolment clearly showing final year for student nurses, midwives, pharmacists and paramedics and fourth year onward medical students.

## Documentation continued

Current or expired CPR certificate or equivalent documentary evidence of completed CPR training (eg, DHB learning portal)\* that meets the following requirements as per Appendix 4 of Immunisation Handbook\*\*:

- Infant, child and adult CPR, including mouth-to-mouth, mouth-to-mask and the management of choking
- Administration of IM adrenaline for treatment of anaphylaxis
- Use of an automated external defibrillator
- One- and two-person bag valve mask ventilation and mouth-to-mask technique.

\* If your evidence of CPR training is expired it will only be accepted if it has expired in the last 12 months.

\*\* If course content is not included on the certificate, please provide evidence that the above is included. CPR certificates or documentary evidence of CPR training that are level 4 or above, CORE, or ACLS immediately meet criteria.

Signed and dated copy of peer assessment of clinical skills

Copy of Provisional Vaccinator Foundation Course Certificate or Vaccinator Foundation Course Certificate

If you are also seeking authorisation to administer the COVID-19 vaccine, please provide a copy of your IMAC COVID-19 Vaccinator Education Course (Pfizer/BioNTech vaccine) certificate

## Declaration

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I acknowledge I am:

competent and meet the Immunisation Standards for Vaccinators as per Appendix 3 of the Immunisation Handbook 2020

competent to carry out BLS and the initial management of anaphylaxis

aware it is recommended that I carry indemnity insurance

aware of my scope of practice as a vaccinator.

**Signature**

**Date**