

## Temporary or Provisional Authorisation Application Form

Complete and email this form to: [imacreg@auckland.ac.nz](mailto:imacreg@auckland.ac.nz) with 'authorisation application' in subject heading.

<b>Name:</b>		
<b>Email address:</b>		
<b>Contact phone:</b>		
<b>Workplace:</b>		
<b>DHB:</b>		
<b>Professional Qualification (e.g. RN, EN, Pharmacist):</b>		
<b>IMAC course completed</b> (tick one box):	Provisional Vaccinator Course (5hrs)	<input type="checkbox"/>
	Vaccinator Training Course (16hrs)	<input type="checkbox"/>
<b>Attach these documents</b> (tick when attached):		
Current or expired CPR (see Appendix 4 of Immunisation Handbook for requirements)		<input type="checkbox"/>
Current APC Certificate (screen shot of register acceptable) or student ID and transcript of enrolment		<input type="checkbox"/>
Copy of Peer Clinical Assessment		<input type="checkbox"/>
Copy of Vaccinator Course Certificate		<input type="checkbox"/>
<p>Those seeking <b>Provisional Authorisation</b> will be able to administer MMR and influenza vaccines (funded and unfunded), to those age 3 years and older, specific service contracts may limit this age range. For pharmacists, the age range remains 13 years and older for influenza and 16 -50 years for MMR.</p> <p>A module related to COVID-19 vaccination will be developed when needed, on completion of the module COVID-19 vaccine/s will be added to this Authorisation category.</p>		
<p>Those seeking <b>Temporary Authorisation</b> will be authorised to administer vaccines as per the National Immunisation Schedule and unfunded influenza vaccine. Those who wish to vaccinate across the lifespan must complete a Peer Assessment which includes the vaccination of child under the age of 2 years IM in the vastus lateralis. For pharmacists, Temporary Authorisation covers only the vaccines currently reclassified for Pharmacist Vaccinators. Temporary Authorisation is for a maximum of 2 years, and all vaccinators are expected to seek a full clinical assessment from a locally approved assessor and meet the requirements for authorised or pharmacist vaccinators before their Temporary Authorisation expires.</p>		
<p><b>All vaccinators:</b> if your CPR certificate is due to expire or has expired, please include evidence being booked on an appropriate course. See Appendix 4 of the Immunisation Handbook for CPR requirements.</p>		
<p><b>Declaration</b></p> <p><b>I acknowledge that I am:</b></p> <ul style="list-style-type: none"> <li>• Competent and meet the Immunisation standards for Vaccinators as per Appendix 3 of the Immunisation Handbook 2020</li> <li>• Competent to carry out BLS and the initial management of anaphylaxis</li> <li>• Aware it is recommended that I carry indemnity insurance</li> <li>• Aware of my scope of practice as a vaccinator</li> </ul>		
<b>Signature:</b>		<b>Date:</b>
<b>Office Use Only:</b>		
Authorisation issued (tick one):		
	Provisional Authorisation	<input type="checkbox"/>
	Temporary Authorisation – Infant, Child and Adult	<input type="checkbox"/>
	Temporary Authorisation – Child and Adult (Deltoid only)	<input type="checkbox"/>
	Temporary Authorisation – Reclassified Pharmacist Vaccinator vaccines (Deltoid only)	<input type="checkbox"/>