



# ALABAMA STATE BOARD OF PHARMACY

111 Village Street  
Birmingham, AL 35242

## PARENTERAL CERTIFICATION APPLICATION

Please email completed application to [rtindle@albop.com](mailto:rtindle@albop.com), along with supporting documentation of your initial training completion.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Permit Number \_\_\_\_\_

Initial Training: \_\_\_\_\_  
Location \_\_\_\_\_ Date Attended \_\_\_\_\_

**Please select YES or NO to the following statements:**

1. I have completed training in compliance with Board Rule 680-X-2-.19.	<b>YES</b>	<b>NO</b>
2. My training included 4 hours of Board-approved training in high-risk sterile compounding.	<b>YES</b>	<b>NO</b>
3. I currently work in a setting involving sterile products.	<b>YES</b>	<b>NO</b>
4. I understand that by having a parenteral certification, I will be required to obtain 2 hours of renewal CE by December 31, 2022 pursuant to Board Rule 680-X-2-.19	<b>YES</b>	<b>NO</b>

**Status Request:**

There are three status options for your parenteral certification:

Status	Can you work with sterile products?	Initial Training	Renewal Training
Active-No High Risk	Yes	8 hours of Board approved training	2 hours of parenteral CE each renewal cycle, including didactic and hands-on experience
Active-High Risk	Yes	8 hours of Board approved training PLUS 4 hours of Board approved training in high-risk sterile compounding	2 hours of parenteral CE each renewal cycle, including didactic and hands-on experience
Idle	No	8 hours of Board approved training	None required

Given the information above, please select which status you are requesting:

- Active- No High Risk
- Active- High Risk
- Idle

**I hereby attest to the following:**

- If my job requires me to be engaged in compounding and/or dispensing of sterile products, I understand that I must have an Active parenteral certification.
- If my parenteral certification status is Active, I understand that I will be required to obtain 2 hours of parenteral CE each renewal cycle, including both didactic and hands-on experience.
- If I change my parenteral certification status to Idle, I understand that I will not be allowed to engage in compounding and/or dispensing of sterile products until I change my status to Active.
- If I change my parenteral certification status to Idle, I understand that I will not be required to obtain 2 hours of parenteral CE each renewal cycle.
- Any changes to your status must be communicated to the Board within 10 days.

In signing this application, applicant agrees to abide by the above conditions and all other conditions listed in Board Rule 680-X-2-.19 Parenteral Sterile Therapy and all other provisions of the Pharmacy Practice Act and/or Board rules. If the application is incomplete in any way, the application will not be processed until it is completed in the manner requested by the Board.

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Signature

Date

If you have any further questions, please email Rebecca Tindle, our Pharmacist Licensing Manager, at [rtindle@albop.com](mailto:rtindle@albop.com).