

***The following is the current information the Board of Pharmacy Credentialing Committee looks for when reviewing an application for Ph.C. Certification.***

***If all information is complete and acceptable the application will be presented to the Board for action.***

According to the PHARMACIST PRESCRIPTION AUTHORITY ACT

The credentialing committee is responsible for approving pharmacy clinician practice according to a protocol or written guideline that is approved by the committee and the board

**Protocol Guidelines are required by 61-11B-3 A.**

**Include:**

1. Types of diseases, dangerous drugs or dangerous drug categories.
2. Procedure, criteria or plan for prescribing.
3. Activities to follow in the course of exercising prescriptive authority.
4. Mechanism of reporting and communicating with the physician.
5. Collecting and reviewing dangerous drug histories
6. Measuring and reviewing vital signs.
7. Ordering and evaluating lab results relating to dangerous drugs.
8. Protocol must be signed by supervising physician and pharmacists

***The protocol should include the limitation of drug therapy when certain assessment values or lab tests are extreme-- blood sugar over 500, extremely high or low pulse or blood pressure, heart condition that may require cardiologist attention***

**Does not include:**

1. Diagnosis.
2. Admitting a patient to a hospital.
3. Physical exams unless immediately reviewed by a physician.
4. Ordering Tests such as X-RAY, MRI, CAT SCAN etc. that are not related to dangerous drug therapy.
5. Other procedures that are not within the scope of the practitioners current practice, unless the Ph.C. and the physician had special training or certification in that field, such as Psychiatry, Oncology, Surgery, etc. (the practitioner usually

refers to a specialty).

The law states that the board of Medical examiners shall adopt regulations concerning guideline and protocol...This will be up to the sponsoring physician to follow these regulations.

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*Check off form used by the committee*

**Pharmacist Clinician Name:** \_\_\_\_\_

**Supervising Physician:** \_\_\_\_\_

**Scope of Practice:** \_\_\_\_\_

| <b>Rules &amp; Regulations</b>   | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. Types of diseases, dangerous drugs or dangerous drug categories     |            |           |
| 2. Procedures, decision criteria or plan                               |            |           |
| 3. Activities to follow in course of exercising prescriptive authority |            |           |
| 4. Mechanisms for reporting to physician                               |            |           |
| 5. Collecting/reviewing dangerous drug histories                       |            |           |
| 6. Measuring/reviewing vital signs                                     |            |           |
| 7. Ordering (evaluating) lab results                                   |            |           |
| 8. Protocol signed by supervising physician and Pharmacist Clinician   |            |           |

**Comments:**