

## Approval to Provide Mandatory Anaphylaxis Training Program

Article 1B of Chapter 90 of the General Statutes. § 90-21.15A requires mandatory training for individuals or entities that elect to acquire and stock a supply of epinephrine auto-injectors. In-person training must be conducted by (i) a physician, physician assistant, or registered nurse licensed to practice in this State; (ii) a nationally recognized organization experienced in training laypersons in emergency health treatment; or (iii) an entity or individual approved by the Department of Health and Human Services. Online training shall be offered by (i) a nationally recognized organization experienced in training laypersons in emergency health treatment; (ii) by an entity or individual approved by the Department of Health and Human Services; or (iii) by means of an online training course that has been approved by another state.

Applicant's Name:	
Organization's Name:	
Designated Entity or Individual to provide the training (please include credentials if individual such as Pharm D and experience in providing the training):	
Mailing Address of individual or entity (Include Street, City, Zip):	
Telephone of individual or entity	Cellular Telephone of individual or entity
Email of individual or entity:	
Training Program /Curriculum Name and Source (please attach copy of module/curriculum if not accessible for review online):	
<b>Training to Be Presented Includes:</b> <input type="checkbox"/> How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis <input type="checkbox"/> Standards and procedures for the storage and administration of an epinephrine auto-injector <input type="checkbox"/> Emergency follow-up procedures	
<input type="checkbox"/> Training conducted will be in-person training. <input type="checkbox"/> Training offered will be on-line. URL:	
Signature of Applicant:	Date Signed:

If you have any questions relating to this application, call the Whole Child Health Section at 919-707-5600. Please return completed and signed application to: Division of Child and Family Well-Being, Whole Child Health Section, 1928 Mail Service Center, Raleigh, NC 27699-1928.

### FOR INTERNAL USE ONLY

Applicant Approved:  Yes  No

If not approved, why not: