Required Immunization Experience Form

Student’s Name

These vaccines may be certified only by the pharmacist at the facility where the service is completed. As students, you are required to complete and document 5 immunizations/vaccines and you can be compensated for this activity.

The student administered _____ vaccine(s) at ______________________________________________________
(e.g., Smith’s Pharmacy, health fair, flu shots)

Date               Supervisor’s Name (please print)                        Supervisor’s Signature (verifies vaccines)

Supervisor’s Phone # or email

Comments:

Please submit to the Experiential Education Administration Assistant in Pocatello (LH 105) or in Meridian (MER 756) within 30 days of completion at the practice site. Required Immunization Experience Forms turned in after 30 days of completion will not be counted.