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**Application and Assessment Rubric**

**Competency Mapped Accreditation Review**

**Immunization and Injection Program for Pharmacy Technicians**

**(Updated January 12, 2024)**

# Introduction

Programs intended for the Pharmacy Technician audience that wish to be accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP) as competency mapped programs will meet the following requisite condition:

* The program addresses the seven (7) competencies identified in this document. These competencies have been adapted from the NAPRA Supplemental Competencies on Injection for Canadian Pharmacists ([Supplemental Competencies on Injection for Canadian Pharmacists - NAPRA](https://www.napra.ca/publication/supplemental-competencies-on-injection/)).

# Disclaimers

* + - 1. While the competencies identified in this document are based on those published by NAPRA, the use of this rubric or the achievement of competency mapped accreditation from CCCEP should not be considered as an endorsement of any program by NAPRA.
      2. Jurisdictions vary in their approach to the authorization of Pharmacy Technicians to perform immunization or injection. Issuance of competency mapped accreditation to a provider or completion of such programs by participants should not be considered as authorization for the performance of any task(s). Participants are encouraged to confirm authorization to perform specific tasks with their respective regulatory body.

# Explanatory Notes regarding application of the Rubric

1. Providers should note that **only** programs that address the seven competencies outlined in the condition noted in the Introduction section of this document may be accredited as a Competency Mapped programs under the CCCEP policy on Competency Mapped Program Accreditation.
2. Providers who successfully achieve competency mapped accreditation for their learning activity may issue a competency mapped certificate of completion to successful participants. Programs that do not address the seven competencies but have content related to immunization and injection may be accredited as regular continuing education programs. In those circumstances, in accordance with CCCEP guidelines, the program provider may issue a letter (or statement) of attendance to successful participants but not a document called a “certificate” or “competency mapped certificate” to participants who complete such programs.

# Accreditation Review Process

The competency-mapped accreditation review process for immunization and injection programs is a two-stage process.

* Stage 1: Regular review for a CCCEP-accredited Continuing Education program.
* Stage 2: Review the extent to which the program addresses the seven (7) required competencies.

The second stage review will examine the learning objectives and the content of a program to determine the extent to which the program addresses each competency. Based on the review of the learning objectives and the presence of the suggested content, the competency mapped accreditation review will identify the extent to which the competency is met which will be based on the following options:

* **Fully met** (FM) – the program addresses all the learning objectives and contains suggested content;
* **Substantially met** (SM) – the program at least partially addresses the learning objectives of the competency and contains all the suggested content;
* **Partially met** (PM) – the program contains some, but not all, of the learning objectives of the competency and/or some of the suggested content;
* **Not met** (NM) – the program addresses none or only a small number of the learning objectives of the competency.

# Instructions for Program Provider – Completing the Competency Mapped Review Rubric

In the Columns entitled Program Location in the table beginning on page 3, identify where the information on the learning objectives and suggested content may be found. **DO NOT COMPLETE** the columns titled “CCCEP Expert Reviewer Assessment” or sections marked “CCCEP Expert Reviewer Comments” – these sections are for the stage 2 expert reviewer that is contracted by CCCEP to conduct the stage 2 review.

|  |  |
| --- | --- |
| **Column** | **What to Enter** |
| **Learning Objective Table** | |
| **Module & Learning Objectives (lrng obj)** | Identify the location in the program where the learning objective (or its equivalent) is stated.   * Identify Module(s)/Section(s) and Learning objective(s) number. * Example: M-3 LO-2 for Module 3, Learning objective 2. |
| **Related Content** | Identify the location in the program where the program content related to the objective may be found. |
| **Suggested Content Table** | |
| **Program Location** | Identify the module or modules, and the page numbers, where the content may be found.   * Example: S4 p.12-15 for Section 4, pages 12-15. |

# Program, Provider and Contact Person Information

|  |  |
| --- | --- |
| **Program Title(s)** |  |
| **Program Provider Name** |  |
| **Name of Contact Person** |  |
| **Phone and email of Contact Person** |  |
| **Date Submitted** |  |

# COMPETENCY-MAPPED (STAGE 2) ACCREDITATION REVIEW RUBRIC

**Essential Drug Injection Practices**

**1. ESSENTIAL COMPETENCIES FOR INJECTION OF IMMUNIZATION AGENTS AND OTHER INJECTABLE SUBSTANCES[[1]](#footnote-2)**

**Competency:** Safely and effectively prepares and administers immunization agents and other substances by injection.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The program contains the following learning objectives:** | | | | | |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | | |
| **Module & Lrng Obj[[2]](#footnote-3)** | **Related Content[[3]](#footnote-4)** | **FM/SM/PM/NM** | **Comment** |
| * 1. Demonstrate the necessary technical skills required to prepare and administer injections (subcutaneously, intramuscularly). |  |  |  |  |
| * 1. Describe and comply with legal and regulatory requirements for administering substances by injection, including federal and provincial legislation and applicable standards and policies. |  |  |  |  |
| * 1. Perform all necessary steps for administering substances by injection: |  |  |  |  |
| 1.3.1 Ensure the following rights of medication administration: Right Product, Right Client, Right Dose, Right Time, Right Route |  |  |  |  |
| 1.3.2 Ensure Safe Medication Preparation, Administration, Storage and Disposal:   1. Ensure a clean, safe, private and comfortable environment for the client 2. Demonstrate appropriate infection control procedures and aseptic reconstitution technique 3. Choose appropriate needle gauge and size for the client 4. Understand and take appropriate measures to manage clients and health care workers with latex allergies 5. Demonstrate correct administration technique appropriate for route of injection, including techniques for reducing pain associated with injection 6. Determine and locate appropriate site for injection, taking into account client characteristics including age, product considerations, and anatomical landmarks (bones, muscles, blood vessels, nerves) 7. Perform universal precautions in addition to preventing and managing needle-stick injuries 8. Monitor and maintain temperature-appropriate storage conditions of injectable medications following product specific storage guidelines. 9. Ensure safe disposal of injectable medications and supplies |  |  |  |  |
| 1.3.3 Monitor the client after injection:   1. Maintain currency in CPR and First Aid 2. Anticipate, identify, manage and report adverse effects following medication injection 3. Respond to anaphylactic reactions, with appropriate use of emergency kits and following established step-by-step protocols. |  |  |  |  |
| 1.3.4 Document information relevant to each injection:   1. Describe the role and importance of injection records 2. Document administration of substance on client’s record, including product name, lot number and expiry date; dose given, route and time of administration 3. Document any reaction client has to the injection and monitoring parameters 4. Facilitate transfer of relevant documentation to client’s other health care providers |  |  |  |  |
| * 1. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment. |  |  |  |  |

| **The program contains the following suggested content:** | | | | |
| --- | --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location[[4]](#footnote-5)** | **CCCEP Expert Reviewer Assessment** | | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Route, needle selection, and injection site for administration of vaccine and other injectable substances based on research, current recommendations, and effects on efficacy and local reactions |  |  |  |
| 1. Dosage and reconstitution of each vaccine and other injectable substances |  |  |  |
| 1. Preparation and safe disposal of equipment used in the administration of injections |  |  |  |
| 1. Indications for and the proper use of personal protective equipment |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**2. STORAGE AND HANDLING OF IMMUNIZATION AGENTS AND OTHER INJECTABLE SUBSTANCES**

**Competency:** Implements Canadian guidelines when storing, handling, or transporting vaccines and other injectable substances.

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| * 1. State where to access the most recent national guidelines dealing with vaccine storage, handling, and transportation. |  |  |  |  |
| * 1. Describe the national guideline requirements for vaccine storage, handling, and transportation and their importance in maximizing the potency and efficacy of each vaccine. |  |  |  |  |
| * 1. Outline the key steps for maintaining the cold chain in the practice setting. |  |  |  |  |
| * 1. Explain actions taken to report and manage breaks in the cold chain or other insults that compromise vaccine or other injectable substance integrity. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Effects of temperature on potency, efficacy, and adverse events of vaccines and other injectable substances |  |  |  |
| 1. Daily monitoring and written temperature records |  |  |  |
| 1. Correct use of designated fridge for the storage of vaccines |  |  |  |
| 1. Importance of regular checks for expired vaccine and other injectable substances |  |  |  |
| 1. Ordering appropriate vaccine stock |  |  |  |
| 1. Management of breakdowns in the cold chain |  |  |  |
| 1. Disposal of heat- or cold-damaged vaccine and other injectable substances |  |  |  |
| 1. Monitoring and maintaining the cold chain during transportation |  |  |  |
| 1. Maintenance of the cold chain during a clinic session outside of the pharmacy |  |  |  |
| 1. Taking responsibility for ensuring that all vaccines and other injectable substances administered have been stored correctly |  |  |  |
| 1. Importance of protocols/standard operating procedures in each practice setting |  |  |  |
| 1. Compliance with jurisdictional vaccine storage and handling guidelines |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**3. LEGAL AND ETHICAL ASPECTS OF ADMINSTRATION OF DRUGS BY INJECTION**

**Competency**: Acts in accordance with legal and high ethical standards.

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| 3.1 Describe the legal requirements relevant to the administration of drugs by injection, including informed consent, documentation, recording, and reporting. |  |  |  |  |
| 3.2 Identify his/her own professional scope of practice as it relates to the administration of drugs by injection (jurisdiction, organization, practice setting institutions, etc.). |  |  |  |  |
| * 1. Describe the ethical implications when a provider’s beliefs conflict with the provision of vaccines or other substances by injection. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Documentation |  |  |  |
| 1. Professional accountability |  |  |  |
| 1. Conscientious objection |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**Immunization-Specific Competencies**

**4. DOCUMENTATION**

**Competency:** Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| * 1. Describe the role and importance of immunization records. |  |  |  |  |
| * 1. Identify the information to be documented on an immunization record. |  |  |  |  |
| * 1. Record an immunization encounter on the appropriate documentation instruments accurately and completely. |  |  |  |  |
| 4.4 Facilitate the transfer of information in the vaccination record to other providers and to appropriate agencies in accordance with requirements. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Requirements and importance of accurate documentation |  |  |  |
| 1. Where and why vaccinations should be recorded and reported |  |  |  |
| 1. Policy for reporting and recording vaccine errors |  |  |  |
| 1. Importance of and reasons for recording lot numbers |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**5. ADVERSE EVENTS FOLLOWING IMMUNIZATION**

**Competency:** Anticipates, identifies, and manages adverse events following immunization, as appropriate to the practice setting.

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| * 1. Use reliable, evidence-based resources to list the frequencies of the common, uncommon, and rare adverse events associated with vaccines. |  |  |  |  |
| * 1. Draft in detail an effective step-by-step response to anaphylaxis. |  |  |  |  |
| * 1. Assist in the documentation of all adverse events following immunization on the appropriate form and submit it to the appropriate agencies. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Potential causes of anaphylaxis |  |  |  |
| 1. Signs and symptoms of and differences between anaphylaxis and fainting |  |  |  |
| 1. Treatment of anaphylaxis, equipment required, adrenaline dosages, and sites for its administration |  |  |  |
| 1. The definition of adverse event and the different types |  |  |  |
| 1. Where and how to report adverse events to vaccines – Canadian Adverse Events Following Immunization Surveillance System |  |  |  |
| 1. Recording of adverse events to vaccinations – Use of the *Adverse Event Following Immunization Reporting Form* |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**6. COMMUNICATION**

**Competency**: Communicates effectively about immunization (within scope, in collaboration with the pharmacist), as relevant to the practice setting(s).

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| * 1. Respond to clients appropriately based on their knowledge, attitudes, and beliefs regarding immunization. |  |  |  |  |
| * 1. Provide appropriate evidence-based information and resources to clients regarding immunization and vaccines. |  |  |  |  |
| * 1. Provide guidance to clients so they can correctly identify credible sources of information on immunization and vaccines. |  |  |  |  |
| * 1. Use evidence-based scientific knowledge to develop clear, concise key messages regarding true immunization benefits and risks. |  |  |  |  |
| * 1. Collaborate with the pharmacist/health care provider in providing immunization, including confirmation that a pharmacist/health care provider has conducted a patient assessment to ensure therapeutic appropriateness before administration. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Issues that affect and influence vaccination decision making |  |  |  |
| 1. Responding to commonly asked questions and misconceptions |  |  |  |
| 1. Local and national sources of further information and advice |  |  |  |
| 1. Importance of risk perception for immunization decision making |  |  |  |
| 1. The effect of media reporting on parental views and acceptance of vaccination |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

**7. POPULATION HEALTH**

**Competency:** Applies relevant principles of population health for improving immunization coverage rates in collaboration with the pharmacist.

| **The program contains the following learning objectives:** | | | | |
| --- | --- | --- | --- | --- |
| **Learning Objectives:** The health professional will be able to perform the following: | **Program Location** | | **CCCEP Expert Reviewer Assessment** | |
| **Module & Lrng Obj** | **Related Content** | **FM/SM/**  **PM/NM** | **Comment** |
| * 1. Use specific examples to show how immunization is a population-based health strategy. |  |  |  |  |
| * 1. Explain the concept of herd immunity (also called community immunity) in layman’s terms. |  |  |  |  |
| * 1. Explain, using examples, why vaccine-preventable diseases return when immunization coverage rates decrease. |  |  |  |  |
| * 1. Explain how immunization registries can benefit not only individuals but also populations. |  |  |  |  |
| * 1. Present the case for the importance of having a highly immunized healthcare workforce. |  |  |  |  |
| * 1. Identify barriers (economic, educational, system-based, and social factors) to immunization uptake. |  |  |  |  |
| * 1. Use health promotion strategies to improve immunization coverage rates. |  |  |  |  |
| 7.8 Locate evidence-based sources of information on current issues relating to immunization. |  |  |  |  |

| **The program contains the following suggested content:** | | | |
| --- | --- | --- | --- |
| **Suggested Content for Training:** | **Program Location** | **CCCEP Expert Reviewer Assessment** | |
| **FM/SM/**  **PM/NM** | **Comment** |
| 1. Concept of herd immunity and the effect of vaccination on the community as a whole |  |  |  |
| 1. How herd immunity protects individuals |  |  |  |
| 1. Identification of barriers and obstacles that may prevent uptake of vaccination |  |  |  |
| 1. Development of strategies to overcome barriers and improve immunization services |  |  |  |
| 1. Consideration of environmental factors such as the clinic environment, appointment timings and length, and attitudes of staff to immunization uptake |  |  |  |

| **The competency is:** | | **CCCEP Expert Reviewer Comment** |
| --- | --- | --- |
| Fully met |  |  |
| Substantially met |  |
| Partially met |  |
| Not met |  |

# THIS SECTION TO BE COMPLETED BY CCCEP COMPETENCY MAPPED EXPERT REVIEWER

**Declaration of Competency Mapped Accreditation Reviewer**

I have reviewed the program identified on page 1 of this application to determine the extent to which the program satisfies the 7 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

| **Competency** | **Fully met** | **Substantially met** | **Partially met** | **Not met** |
| --- | --- | --- | --- | --- |
|  | | | | |
| Essential Drug Injection Practices | | | | |
| 1. Essential Competencies for Injection of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 2. Storage and Handling of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 3. Legal and Ethical Aspects of Administration of Drugs by Injection |  |  |  |  |
| Immunization-Specific Competencies | | | | |
| 4. Documentation |  |  |  |  |
| 5. Adverse Events Following Immunization |  |  |  |  |
| 6. Communication |  |  |  |  |
| 7. Population Health |  |  |  |  |

Name of Expert Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OPTIONS FOR REVIEWER

**OPTION 1**: Following initial review of the program, if is has been determined to have **fully met** **or substantially met** the 7 identified competencies, please complete the following section.

## **Accreditation Approval**

Competency Mapped Accreditation for this program is approved.

I affirm this declaration by signing in the box below:

|  |  |
| --- | --- |
|  |  |
| ***Signature of Expert Reviewer*** | ***Date Signed*** |

**Note**: The Reviewer may digitally sign and submit this form in PDF format.

**OPTION 2**: Following initial review of the program, if it has been determined to have **not met** or only **partially met** any of the seven identified competencies, please complete the following section.

## **Revisions Required**

Revisions are required before this program can be accredited.

[Expert Reviewer to identify the area(s) where revisions are required]

*NOTE TO PROVIDERS*:

If an expert reviewer chooses OPTION 2 it is your responsibility to ensure the program revisions are made as identified, or a detailed explanation provided as to why it is felt they cannot or should not be made, and the revised program is to be re-submitted to the Expert Reviewer. At the conclusion of the Expert Reviewer’s second review they must complete the section below (see OPTION 3).

**OPTION 3**: (Expert Reviewer to complete this section is a revised version was required and has been reviewed)

Note to Expert Reviewer – complete one of the two sections below based on your review of the **revised** program.

**Revised version – Accreditation Approval**

This is to confirm that I have reviewed the revised program identified on page 1 of this application to determine the extent to which the revised program satisfies the 7 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

| **Competency** | **Fully met** | **Substantially met** | **Partially met** | **Not met** |
| --- | --- | --- | --- | --- |
|  | | | | |
| Essential Drug Injection Practices | | | | |
| 1. Essential Competencies for Injection of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 2. Storage and Handling of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 3. Legal and Ethical Aspects of Administration of Drugs by Injection |  |  |  |  |
| Immunization-Specific Competencies | | | | |
| 4. Documentation |  |  |  |  |
| 5. Adverse Events Following Immunization |  |  |  |  |
| 6. Communication |  |  |  |  |
| 7. Population Health |  |  |  |  |

Competency Mapped Accreditation for this revised program is approved.

I affirm this declaration by signing in the box below:

|  |  |
| --- | --- |
|  |  |
| ***Signature of Expert Reviewer*** | ***Date Signed*** |

**Note**: The Reviewer may digitally sign and submit this form in PDF format.

**Revised version – Accreditation NOT approved**

This is to confirm that I have reviewed the revised program identified on page 1 of this application to determine the extent to which the revised program satisfied the 7 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

| **Competency** | **Fully met** | **Substantially met** | **Partially met** | **Not met** |
| --- | --- | --- | --- | --- |
|  | | | | |
| Essential Drug Injection Practices | | | | |
| 1. Essential Competencies for Injection of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 2. Storage and Handling of Immunization Agents and Other Injectable Substances |  |  |  |  |
| 3. Legal and Ethical Aspects of Administration of Drugs by Injection |  |  |  |  |
| Immunization-Specific Competencies | | | | |
| 4. Documentation |  |  |  |  |
| 5. Adverse Events Following Immunization |  |  |  |  |
| 6. Communication |  |  |  |  |
| 7. Population Health |  |  |  |  |

Competency Mapped Accreditation for this revised program is **NOT** approved.

1. In the context of this document, *substance* should be read as the definition of a drug under the *Food and Drug Act (FDA)* which includes among other things all drugs in Schedule D (e.g. blood products). According to the FDA, a drug includes any substance or mixture of substances manufactured, sold or represented for use in:

   the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof in man or animal

   restoring, correcting or modifying organic functions in man or animal, or

   disinfection in premises in which food is manufactured, prepared or kept [From NAPRA, Competency 15 document] [↑](#footnote-ref-2)
2. Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3. [↑](#footnote-ref-3)
3. Identify the section or module (including page numbers) where the content relating to the objective may be found. [↑](#footnote-ref-4)
4. Identify the module or section (include the page numbers) where the content may be found. [↑](#footnote-ref-5)