



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
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Application for Authorization to be Designated Pharmacist-in-Charge

(In accordance with the NLPB Requirements for Registration as a Pharmacist-in-Charge)

Full Name:

Home Address:

Certifications:

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of authorization or an allegation of conduct deserving of sanction.
- I certify that I understand the role and responsibilities inherent in this position and will operate any pharmacy for which I am designated in accordance with the Pharmacy Act, Regulations, Standards of Pharmacy Practice and any other requirements established by the Board.
- I have enclosed
- The signed Declaration Form (*page 2*); and
 - Proof of successful completion of an education program on the responsibilities of a pharmacist-in-charge approved by the Board

Pharmacists are reminded that authorization is not in effect until notification from the NLPB that their application has been approved.



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Application for Authorization to be Designated Pharmacist-in-Charge Declaration Form

I,

Please Print Full Name

Registration Number

a registered pharmacist with the Newfoundland and Labrador Pharmacy Board, declare that:

- I have met the requirements laid out in the *NLPB Requirements for Registration as a Pharmacist-in-Charge* as follows:
- I am registered as a practicing pharmacist in Newfoundland and Labrador with no limitations on my practice.
 - I have been practicing pharmacy in the province for at least the 12 months immediately prior to this application.
 - I will practice in the pharmacy for which I am designated for at least half of the operating hours of the pharmacy.
 - I have successfully completed an education program on the responsibilities of a pharmacist-in-charge approved by the Board.
- I understand that my eligibility for authorization is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for an allegation of conduct deserving of sanction.

I make this declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature

Date