



**Application for Authorization to Prescribe**  
Declaration Form

I,

\_\_\_\_\_

Please Print Full Name

\_\_\_\_\_

Registration Number

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

- I am the person referred to in any documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications.
- I have reviewed the *Standards of Practice – Prescribing by Pharmacists* and will abide by the standards, limits and conditions that apply to prescribing and restrict my practice to those areas in which I am competent.
- I have successfully completed the program, An Orientation to Prescribing by Pharmacists in Newfoundland and Labrador, 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