



# Newfoundland & Labrador Pharmacy Board

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## Application to Change Pharmacist-in-Charge

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

### Pharmacy Information:

\_\_\_\_\_  
Pharmacy Licence #

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
P.O. Box (if applicable)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

( ) \_\_\_\_\_  
Phone Number

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Pharmacy Email Address

### Pharmacist-in-Charge Information

\_\_\_\_\_  
Current Pharmacist-in-Charge

\_\_\_\_\_  
Registration #

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Proposed New Pharmacist-in-Charge

\_\_\_\_\_  
Registration #

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Anticipated Date of Change:** \_\_\_\_\_

PLEASE NOTE: *This form must be received by the NLPB Office at least 30 days in advance of the change*

### Current Pharmacist-in-Charge Certifications:

I certify that the information provided on this application is correct and make application to change the pharmacy licence as indicated above. I understand that should any of this information change, I must complete and submit an updated copy of this form.

I understand that I am still responsible for all pharmacy activities until this change has been approved.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

\_\_\_\_\_  
Date Signed

**Proposed Pharmacist-in-Charge Certifications:**

- I certify that the information provided on this application is correct and make application to be named Pharmacist-in-Charge of the named pharmacy. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I certify that I am eligible to be designated as Pharmacist-in-Charge in accordance with the *NLPB Requirements for Registration as a Pharmacist-in-Charge* and have made application to be authorized as such.
- I certify that I understand the role and responsibilities inherent in this position and will operate the pharmacy in accordance with the Pharmacy Act, Regulations, Standards of Pharmacy Operation, Standards of Practice and any other requirements established by the Board.
- I have enclosed the appropriate fee, as indicated in the NLPB Schedule of Fees.

\_\_\_\_\_  
Pharmacist Signature

\_\_\_\_\_  
Date Signed

**Fee Paid By:**     Cash, Cheque or Money Order     VISA     Mastercard

**Please Print Full Name on Card:** \_\_\_\_\_

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
CVV # (on back of card)

**Pharmacists-in-Charge are reminded that this change is not in effect until notification from the NLPB that their application has been approved.**