



Newfoundland & Labrador Pharmacy Board

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Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Request for Letter of Standing

Registrant Information:

_____	_____	_____
Last Name	First Name & Middle Initial	Registration #
_____		_____
Street Address		P.O. Box (if applicable)
_____	_____	_____
City/Town	Province	Postal Code
_____		_____
Phone Number	Email Address	

Pharmacy Regulatory Authority Information:

(to whom the letter of standing will be issued)

Name		

Street Address (or P.O. Box)		
_____	_____	_____
City/Town	Province	Postal Code

Certifications:

- I hereby request that the Newfoundland and Labrador Pharmacy Board issue a Letter of Standing to the organization named above.
- I understand that this Letter of Standing will contain personal information collected pursuant to the *NLPB Policy – Collection, Use and Disclosure of Registrants' Personal Information*, including information about any current or previous disciplinary findings or proceedings that may not be generally available to the public and hereby consent to the release of this information.
- I have enclosed the appropriate fee, as indicated in the *NLPB Schedule of Fees*.

_____	_____
Registrant Signature	Date Signed

Fee Paid By: <input type="checkbox"/> Cash, Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
Please Print Full Name on Card: _____		
_____	_____	_____
Card #	Expiry Date	CVV # (on back of card)