



Newfoundland & Labrador Pharmacy Board

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Application to Register for the Pharmacy Technician Registration Exam - 2018

Candidate Information:

Last Name _____		First Name & Middle Initial _____	
Maiden Name (if applicable) _____		Date of Birth (DD/MM/YYYY) _____	Gender _____
Street Address (or P.O. Box) _____		City/Town & Province _____	Postal Code _____
() _____ Home Phone Number	() _____ Cell Phone Number	Email Address _____	

Please include documentation related to the following prerequisites to the registration examination:

Bridging Candidates	CCAPP-Accredited Program Graduates
<input type="checkbox"/> Pharmacy Examining Board of Canada Evaluating Exam (please include a copy of your proof of completion) <input type="checkbox"/> Pharmacy Technician Bridging Education Program (please include copies of all relevant transcripts)	<input type="checkbox"/> An official transcript or original diploma indicating graduation from a pharmacy technician educational program accredited by the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP)

Please select the sitting you are registering for or indicate that you wish to register for a special sitting:

- February 12, 2018
- April 9, 2018
- June 11, 2018
- August 13, 2018
- October 15, 2018
- December 10, 2018
- I wish to register for a special sitting on _____ . I understand that the date must be approved by the Board office and that an additional fee will apply, as indicated in the *NLPB Schedule of Fees*.
- I have enclosed the Registration Exam Fee as well as any fees related to applying for a special sitting, as indicated in the *NLPB Schedule of Fees*.

Candidate Signature

Date

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) _____

Please Note: This form should be submitted to the NLPB Office at least ONE WEEK prior to the date of the exam sitting