



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
e-mail inforx@nlpb.ca

Application for Registration as a Pharmacy Intern – International Pharmacy Graduate

Demographic Information:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Maiden Name (if applicable)	Gender	Date of Birth (DD/MM/YYYY)
		Country of Birth

Address:

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

Phone Number:

() _____	() _____
Home Phone Number	Other Phone Number

Email Address:

_____	_____
Home Email Address	Other Email Address

Academic Information:

_____	_____	_____	_____
Name of Initial Pharmacy Degree	University / College Attended	Country	Date of Graduation
_____	_____	_____	_____
Additional Pharmacy Degree(s)	University / College Attended	Country	Date of Graduation

Pharmacy Examining Board of Canada Status:

<input type="checkbox"/> Evaluating Exam:	_____	_____
	Date Completed (DD/MM/YYYY)	Registration #
<input type="checkbox"/> Qualifying Exam (if applicable):	_____	_____
	Date Completed (DD/MM/YYYY)	Registration #

Have you ever been convicted of an offence under any provincial or federal laws? Yes No

If Yes, please give details: _____

- I certify that the information contained in this application is complete and correct and recognize that providing false or incomplete information on this application may be cause for revocation of registration.
- I certify that I have obtained the following professional liability insurance in accordance with the *Newfoundland & Labrador Pharmacy Board Professional Liability Insurance Requirements for Registration* and that I am responsible for ensuring that this coverage is maintained.
 - CPBA (through PANL) Other (please specify and provide proof of coverage): _____
- I agree to abide by the requirements of the Pharmacy Act, Regulations, Bylaws and Standards of Pharmacy Practice as well as the requirements of the Supervised Final Internship Program.
- I enclose an original, current certificate of conduct (issued within the past six months) from the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police or other appropriate policing agency.
- I have enclosed:
 - Verification of Language Proficiency
 - Graduation documentation
 - Copies of PEBC certification (if applicable)
 - The current Student/Intern Registration fee as indicated in the *NLPB Schedule of Fees*.

Applicant's 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)