



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 Pharmacist in Newfoundland and Labrador

Demographic Information:

Last Name First Name Middle Initial

Maiden Name (if applicable) Date of Birth (DD/MM/YYYY) Country of Birth Gender

Home Address:

Street Address (or P.O. Box)

City/Town & Province Postal Code Country

Phone Number:

() _____ () _____
Primary Phone Number Secondary Phone Number

Email Address:

Primary Email Address Secondary Email Address

Academic Background:

Initial Pharmacy Degree Earned University / College Attended Country Graduation Date

Additional Pharmacy Degree(s) Earned University / College Attended Country Graduation Date

Pharmacy Examining Board of Canada Qualifying Exam Status:

PEBC Registration Date Registration #

Please provide details regarding where you will be practicing in NL:

Category: Administrative Community Hospital Relief

Employer Name: _____

Full Mailing Address: _____

Anticipated # hours per week: _____

Have you ever been found guilty or convicted of an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes", please attach details.

Are you the subject of a current proceeding relating to an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes", please attach details.

If you **ARE CURRENTLY, OR WERE PREVIOUSLY**, registered as a pharmacist in any province or territory of Canada, please provide details below:

Province	Registration #	Registration Expiry Date	Category of Registration
Is your registration <u>currently</u> restricted, suspended or revoked in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please attach details			
Has your registration <u>ever been</u> restricted, suspended, or revoked in any other jurisdiction? Please attach all pertinent details. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", are you currently eligible to practice pharmacy in that jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERTIFICATIONS & PAYMENT

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of registration or an allegation of conduct deserving of sanction.
- I certify that I will provide the Registrar with the details of any of the following that occur or arise after my registration:
 - A charge relating to an offence under any provincial or federal statute in Canada or another country.
 - A finding of guilt or conviction in relation to an offence under any provincial or federal statute in Canada or another country.
- I agree to abide by the requirements of the Pharmacy Act, its Regulations and Bylaws and the Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- I have read the NLPB *Policy on Collection, Use and Disclosure of Registrants' Information* and confirm that I consent to the release of personal information in accordance with this policy.
- I have submitted:
 - Proof of professional liability insurance coverage in accordance with the NLPB *Policy Professional Liability Insurance Requirements for Registration*. I understand that I am responsible for ensuring that this coverage is maintained throughout the year.
 - Proof of membership in the Pharmacists' Association of Newfoundland and Labrador. I understand that I am responsible for ensuring that this membership is maintained throughout the year.
 - 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.
 - Photo identification acceptable to the Board.
 - The Initial Registration Fee and Annual Registration Fee for Registration as a Pharmacist, as indicated in the NLPB *Schedule of Fees*.

Applicant 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) _____