



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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www.nlpb.ca

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Fax (709) 753-8615
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Application for Initial Registration as a Pharmacy Student (To be completed by students of accredited Canadian Pharmacy Programs)

Demographic Information:

Last Name First Name Middle Initial

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

Current Address:

(Please give the address where you live while you are at school)

Street Address (or P.O. Box) City/Town

Province/Country Postal Code

Permanent Address:

(If you do not live at the previous address year-round, please give an alternate address)

Street Address (or P.O. Box) City/Town

Province/Country Postal Code

Phone Number:

() _____
Primary Phone Number Secondary Phone Number

Email Address:

University Email Address Other Email Address

University:

Expected Year of Graduation: _____

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

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 this application may be cause for revocation of registration.
- 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, Bylaws and 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

