



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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St. John's, NL A1E 1B3

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Application for Satellite Pharmacy Services

(in accordance with the NLPB Licensing Requirements for Satellite Pharmacies in Rural Communities Without Conventional Pharmacy Service)

Primary Pharmacy Information:

Pharmacy Licence #

Pharmacy Name

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

() _____
Phone Number

() _____
Fax Number

Pharmacy Email Address

Name of Pharmacist-in-Charge

Pharmacist-in-Charge Registration #

Satellite Pharmacy Information:

Operating Name of Satellite Pharmacy

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

() _____
Phone Number

() _____
Fax Number

Pharmacy Email Address

Hours of Operation:

Monday-Friday: _____

Saturday: _____

Sunday: _____

Holidays: _____

Anticipated Opening Date

Proposed Site Visit Date

Certifications:

- I certify that the information provided on this application is correct and make application to open the satellite pharmacy as indicated above, in accordance with the *NLPB Licensing Requirements for Satellite Pharmacies in Rural Communities Without Conventional Pharmacy Service*. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I have enclosed a detailed diagram of the layout of the satellite pharmacy with this application or a diagram will follow with the understanding that the application will not be approved until it is received by the NLPB Office. I understand that I may also be required to provide supporting photographs.
- I have enclosed the appropriate fee, as indicated in the NLPB Schedule of Fees.

Pharmacist-in-Charge Signature

Date Signed

Fee Paid By: Cash, Cheque or Money Order VISA Mastercard

Name on Card

Card #

Expiry Date

Pharmacists-in-Charge are reminded that the NLPB Office must be notified of any changes related to the information provided on this application, including renovation, relocation or closure of the satellite pharmacy.