



Newfoundland & Labrador Pharmacy Board

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Application to Register for a Special Sitting of the Registration Exam

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 indicate whether you are applying for an alternate date, time, location or both:

- Alternate Date/Time: _____
- Alternate Location: _____

If you are applying for an alternate location, please provide the contact information for your proposed invigilator:

Name: _____

Phone: _____

Email: _____

Declarations:

- I have enclosed the Special Exam Sitting Fee, as indicated in the *NLPB Schedule of Fees*.
- I understand that the sitting must be approved by the Board.

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 must be received by the NLPB Office at least 14 days prior to the date of the regular or proposed exam sitting