Newfoundland & Labrador Pharmacy Board

Apothecary Hall www.nlpb.ca **Telephone** (709) 753-5877 or 1-877-453-5877 (toll free)
488 Water Street **Fax** (709) 753-8615
St. John's, NL A1E 1B3 **e-mail** inforx@nlpb.ca

Application for Telepharmacy Services

(in accordance with the NLPB Licensing Requirements for Hospital Pharmacies providing Telepharmacy to Remote Hospital Sites)

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 #

Remote Site Information:

Operating Name of Remote Site

Street Address | P.O. Box (if applicable)

City/Town | Postal Code

( ) Phone Number | ( ) Fax Number

Remote Site 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 remote site as indicated above, in accordance with the *NLPB Licensing Requirements for Hospital Pharmacies providing Telepharmacy to Remote Hospital Sites*. 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 remote site 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 a complete policy and procedure manual as described in the NLPB Policy or such a manual will follow with the understanding that the application will not be approved until it is received by the NLPB Office.**

☐ **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 remote site.