



Newfoundland & Labrador Pharmacy Board

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Application for Authorization to be Designated Pharmacist-in-Charge

Full Name: _____
Last Name First Name & Middle Initial Registration #

Contact Information: _____
Email Address Phone Number

Employment Information: _____
Name of Primary Place of Employment

Street Address P.O. Box (if applicable)

City/Town Postal Code

Certifications:

By signing below, 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 authorization or an allegation of conduct deserving of sanction.
- I have reviewed the NLPB *Requirements for Authorization to be Designated Pharmacist-in-Charge of a Pharmacy* and declare that I:
 - I am a practicing pharmacist in Newfoundland and Labrador in good standing with no limitations on my practice.
 - I have been practicing pharmacy in Canada for at least the 12 months immediately prior to this application.
- I understand that I may be required to provide additional information to support my application.
- I have reviewed the legislative duties of a pharmacist-in-charge outlined in s.12 of the *Pharmacy Regulations, 2014* and understand the role and responsibilities inherent in this position.
- I will operate any pharmacy for which I am designated pharmacist-in-charge in accordance with the *Pharmacy Act, 2012* and its associated regulations, standards of practice and any other requirements established by the board.
- I have attached proof of successful completion of the required pharmacist-in-charge orientation program, as approved by the board.

Applicant's Signature

Date Signed

Registrants are reminded that authorization is not effective until they have received notification from NLPB that the application has been approved.