



Newfoundland & Labrador Pharmacy Board

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Application for Authorization to Serve as a Preceptor

Full Name:

Last Name

First Name & Middle Initial

Registration #

Contact

Information:

Email Address

Phone Number

Certifications:

By signing below, I certify that:

- I have met the requirements laid out in the *NLPB Preceptor Criteria* as follows:
 - I am currently registered in good standing and have no restrictions on my practice.
 - I have been registered and practicing for at least 12 months and have reasonable experience to provide adequate familiarity with systems and patients.
 - I have attached proof of successful completion of an approved preceptor education and training program completed within three years of application.
- I understand that my eligibility for authorization is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for an allegation of conduct deserving of sanction.
- I make this declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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.