



Newfoundland & Labrador Pharmacy Board

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Application for Authorization to Prescribe

Full Name:

Last Name

First Name & Middle Initial

Registration #

Home Address:

Street Address

P.O. Box (if applicable)

City/Town & Province

Postal Code

Country

Home Phone Number

Home Email Address

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 enclosed:
 - the signed Declaration Form on page 2; and
 - proof of successful completion of the required prescribing orientation program, approved by the Board.

Applicant's Signature

Date Signed

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

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)

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

Application for Authorization to Prescribe
Declaration Form

I,

Please Print Full Name

Registration Number

a registered pharmacist with the Newfoundland and Labrador Pharmacy Board, declare that:

- I am the person referred to in any documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications.
- I have reviewed the *Standards of Practice – Prescribing by Pharmacists* and will abide by the standards, limits and conditions that apply to prescribing and restrict my practice to those areas in which I am competent.
- I have successfully completed the program, An Orientation to Prescribing by Pharmacists in Newfoundland and Labrador, approved by the Board.
- 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.

Signature

Date