



Newfoundland & Labrador Pharmacy Board

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(709) 753-8615
registration@nlpb.ca

Application for Authorization to Prescribe

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

Contact Information: _____
Email Address _____ Phone Number _____

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 *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 attached proof of successful completion of the required prescribing orientation program, as approved by the board.
- I have included payment information for the appropriate fee, as indicated in the NLPB Schedule of Fees.

Applicant's Signature

Date Signed

Fee Paid By: 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.