



# Newfoundland & Labrador Pharmacy Board

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## Application to Offer Central Fill Services

(in accordance with the NLPB Policy - Centralized Prescription Processing)

### 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 #

### Certifications:

- I certify that the information provided on this application is correct and make application to offer centralized prescription processing services, in accordance with the *NLPB Policy – Centralized Prescription Processing (Central Fill)*.
- 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 understand that, in accordance with the NLPB Policy, prior to initiating centralized prescription processing services, I must ensure that there is a written agreement in place between my pharmacy (the “central fill” pharmacy) and the pharmacy to which I am providing the service (the “originating” pharmacy) and that the originating pharmacy must also be provided with a copy of the policy and procedure manual.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

\_\_\_\_\_  
Date Signed