



Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
St. John's, NL, A1B 0L2
Website www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Application to Change Pharmacy Name

Current 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 # _____

New Pharmacy Information:

New Pharmacy Name _____

New Pharmacy Email Address (if applicable) _____

Date Change is to take place _____

Certifications:

- I certify that the information provided on this application is correct and make application to change the pharmacy licence as indicated above. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I have enclosed the appropriate fee, as indicated in the NLPB Schedule of Fees.

Pharmacist-in-Charge 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) _____