



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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Application for 2017 Conditional Licence

(in accordance with NLPB Bylaws 84-92)

Pharmacy Information:

Pharmacy Name	Pharmacy Licence #
Street Address	P.O. Box (if applicable)
City/Town	Postal Code
() Phone Number	() Fax Number
Pharmacy Email Address	

For what reason(s) are you applying for a conditional licence?

- The pharmacy does not have a designated area for patient consultation that meets the requirements of the Standards of Pharmacy Operation.
- The pharmacy does not have a connection to the provincial electronic health record through the Pharmacy Network.
- The pharmacy does not have suitable equipment that allows staff to scan documents (including prescriptions and other patient records) and store them electronically such as a scanner.
- The pharmacy does not have a refrigerator for the exclusive storage of drugs requiring refrigeration that meets the cold chain requirements defined in the Standards of Pharmacy Operation.
- Other: _____

By what date do you anticipate having the issue(s) resolved? _____

PLEASE NOTE: *In order for the application to be considered, a date must be provided. This date should be no later than March 31, 2017 to be compliant with the bylaws.*

Please include documentation such as work orders, purchase orders, confirmation emails, etc. to support the assertion that the issue will be satisfactorily resolved by this date.

Please provide any additional details you would like the Board to consider when determining whether or not to approve the application, including any extenuating circumstances that may have resulted in you being unable to meet the January 1, 2017 deadline. (attach extra pages, if necessary).

Certifications:

I,

_____ Name of Pharmacist-in-Charge (Please Print) _____ Registration Number

- certify that the information contained in this application is complete and correct. I recognize that providing false or incomplete information on the application may be cause for revocation of the pharmacy licence or an allegation of conduct deserving of sanction.
- have attached documentation such as work orders, purchase orders, confirmation emails, etc. to support the assertion that the issue will be satisfactorily resolved by the date provided.
- understand that the submission of this application does not necessarily mean a conditional licence will be granted by the Board.
- have enclosed or authorize payment of the Conditional Licence Fee of \$799.25 (including HST), as indicated in the *NLPB Schedule of Fees*. I understand that this fee will only be charged if the application is approved.
- understand that, once all deficiencies have been rectified, I must apply to renew the usual unconditional pharmacy licence, and pay the usual Annual Pharmacy Licencing Fee.

_____ Pharmacist-in-Charge Signature _____ Date Signed

Fee Paid By: <input type="checkbox"/> Cash, Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
_____ Name on Card	_____ Card #	_____ Expiry Date

Pharmacists-in-Charge are reminded that this application **must be received** by the NLPB Office by **October 14, 2016** in order to be considered.