



Newfoundland & Labrador Pharmacy Board

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St. John's, NL, A1B 0L2
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Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail licensing@nlpb.ca

Application for a New Pharmacy Licence

Pharmacists-in-Charge should note the following:

1. Before submitting this Application for a New Pharmacy Licence, applicants should review the following:
 - o Sections 23,25,27 and 28 of the Pharmacy Act, 2012
 - o Sections 10-12 of the Pharmacy Regulations, 2014
 - o Sections 78-83 of the NLPB Bylaws
 - o The NLPB Standards of Pharmacy Operation
 - o All Standards of Practice for Newfoundland and Labrador Pharmacies
2. The completed form, together with all relevant fees must be submitted to the Board for approval at least 90 days prior to the date the pharmacy is scheduled to open.
3. Applications that are received but are incomplete will be returned to the applicant.
4. Fees related to an Application for a New Pharmacy Licence are non-refundable.
5. The pharmacist-in-charge will be contacted once the application is approved to schedule a Pre-Opening Site Visit. The Pharmacist-in-Charge must complete and submit a Pre-Opening Self-Assessment at least one week prior to the scheduled site visit.
6. A pharmacy licence number will be provided to the pharmacist-in-charge one week prior to opening. Drug inventory should not be on-site (particularly, narcotics, controlled drugs and substances, and benzodiazepines and targeted substances) until all pharmacy security requirements are in place as per the *Standards of Pharmacy Operation*.
7. The pharmacist-in-charge should contact the Board prior to initiating any advertising for the proposed new pharmacy.
8. The pharmacy licence will not be issued until such time as the Board is assured that all minimum standards are in place. If all minimum standards are not in place at the time of the site visit, the licence will not be issued until deficiencies are corrected.
9. Applicants are also reminded to contact the Newfoundland and Labrador Centre for Health Information as soon as possible to arrange for a Pharmacy Network connection, which must be in place prior to opening.

Date of Application: _____

Pharmacist-in-Charge: _____

Name of Proposed Pharmacist-in-Charge

Pharmacist-in-Charge Registration #

Anticipated Opening Date: _____

Potential Site Visit Date: _____

Pharmacy Name: _____

Pharmacy Operating Name

Pharmacy Corporate Name

Pharmacy Location Information:

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

Pharmacy Contact Information:

Telephone #

Fax #

Store Email Address

Website (if applicable)

Pharmacist-in-Charge Certifications:

- 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 the pharmacy licence or an allegation of conduct deserving of sanction. I understand that should any of this information change prior to approval, I must complete and submit an updated copy of this form.
- I acknowledge my responsibilities as pharmacist-in-charge and agree to abide by the requirements of all relevant legislation, regulations, bylaws, standards of pharmacy operation and standards of practice established by the Newfoundland and Labrador Pharmacy Board.
- I have enclosed a detailed diagram of the layout of the pharmacy with this application or a diagram will follow with the understanding that the application will not be approved until it is received by the NLPB Office. I understand that I may also be required to provide supporting photographs.
- I have enclosed the appropriate fee, as indicated in the *NLPB Schedule of Fees*.

Pharmacist-in-Charge Name	Pharmacist-in-Charge Signature	Date Signed
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Owner / Shareholder Information:

Please list the names, addresses and professions of all persons who are shareholders (except for publicly-traded companies), or directors, partners or the individual owner.

Name	Address	Profession
Name	Address	Profession
Name	Address	Profession

Owner/Shareholder Certification:

- I hereby acknowledge the following:
 - I understand that the pharmacist-in-charge is responsible for ensuring that the Pharmacy complies with all relevant legislation, regulations, bylaws, and standards of practice established by the Newfoundland and Labrador Pharmacy Board.
 - I understand that, pursuant to the *Pharmacy Act, 2012*, no person “other than a pharmacist-in-charge shall direct, control or manage a pharmacy”.
 - I understand that it is an offence to contravene the *Pharmacy Act, 2012*.
 - I will not interfere with the direction, control or management of the Pharmacy.

Owner Name	Owner Signature	Date Signed
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Owner Name	Owner Signature	Date Signed
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Owner Name	Owner Signature	Date Signed
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Notarization:	Sworn at: _____, this day of _____
	Before me: _____
	Name Title (Notary Public / Commissioner of Oaths)
	Signature _____

Fee Paid By: <input type="checkbox"/> Cash, Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Please Print Full Name on Card: _____
Card # _____ Expiry Date _____ CVV # (on back of card) _____