



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

Notice of Intent to Change Registration Status to Inactive

Full Name:

Last Name First Name & Middle Initial Registration #

Contact

Information:

Email Address Phone Number

Employment

Information:

Name of Primary Place of Employment

Street Address P.O. Box (if applicable)

City/Town Postal Code

Reason for Change: Leave (medical, maternity, parental, etc.) Relocating Out of Province Retirement

When is/was your last day of practice? _____

By signing below, I certify that:

- The information provided on this notification is correct and, as such, am notifying NLPB that I intend to allow my registration with NLPB to lapse.
- I understand that by allowing my registration with NLPB to lapse, I am not permitted to practice pharmacy or use a restricted title in accordance with the *Pharmacy Act, 2012*.
- I understand that should I wish to reinstate my registration with NLPB in the future, I must do so in accordance with the *NLPB Requirements for Re-Registration in Newfoundland and Labrador* and must provide NLPB with a minimum of 10 business days' notice.

Applicant's Signature

Date Signed