



Newfoundland & Labrador Pharmacy Board

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

Telephone
Fax
e-mail

(709) 753-5877 or 1-877-453-5877 (toll free)
(709) 753-8615
registration@nlpb.ca

Application to Register for the NLPB Pharmacist Internship

Candidate Information:

_____		_____	
Last Name		First Name & Middle Initial	
_____		_____	_____
Street Address (or P.O. Box)		City/Town & Province	Postal Code
_____		_____	
Phone Number		Email Address	

Have you ever been found guilty or convicted of an offence under any provincial or federal statute in Canada or another country? *If "Yes", please attach details.* Yes No

Are you the subject of a current proceeding relating to an offence under any provincial or federal statute in Canada or another country? *If "Yes", please attach details.* Yes No

Proposed Preceptor Information:

_____		_____	_____
Last Name		First Name & Middle Initial	Registration #
_____		_____	
Phone Number		Email Address	
_____		_____	
Pharmacy Name		Pharmacy Address	

Anticipated Start Date (*allow 5-7 business days for processing*): _____

Candidate Certification:

- I have read and understand the relevant NLPB *Practical Training Requirements for Registration as a Pharmacist*¹.
- In accordance with the eligibility requirements outlined in the NLPB *Practical Training Requirements for Registration as a Pharmacist*, I am registered as an intern with NLPB.
- I understand that I may not begin may not begin the practical training period until I receive authorization from the NLPB that this application has been approved.
- I understand that in order to receive credit for completing the practical training period, it is my responsibility to ensure that all applicable evaluation forms or records of completion are received by the NLPB Office following the completion of the practical training period.

Preceptor Certification:

- I have read and understand the relevant NLPB *Practical Training Requirements for Registration as a Pharmacist*¹.
- I have received authorization from NLPB to act as a preceptor.
- I recognize that the intent of this practical training period is to familiarize the candidate with the day-to-day practice of pharmacy.
- I recognize that my appraisal of the candidate's competency to perform the duties and responsibilities of a pharmacy technician plays an important role in the NLPB's determination of his or her eligibility for registration as a pharmacist.
- I agree to submit all applicable evaluation forms and records of completion to the NLPB Office following the completion of the practical training period.

Candidate Signature

Preceptor Signature

Date

Date

¹ Available on the [Register as a Pharmacist page](#) of the NLPB website.