



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
Website [www.nlpb.ca](http://www.nlpb.ca)

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

## Application to Complete the Pharmacy Technician Practical Training Program

### Candidate Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name & Middle Initial

\_\_\_\_\_  
Maiden Name (if applicable)

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town & Province

\_\_\_\_\_  
Postal Code

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Cell 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 #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Preferred Phone #

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Pharmacy Address

Anticipated Start Date (allow 2-3 days for processing): \_\_\_\_\_

#### Candidate Certification:

- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacy Technician*.
- 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.
- I enclose an official transcript or original diploma indicating graduation from a pharmacy technician educational program accredited by the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP).
- I enclose the appropriate fee in accordance with the *NLPB Schedule of Fees*.

#### Preceptor Certification:

- I have received authorization from the 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 Board's determination of his or her eligibility for registration as a pharmacy technician.
- I agree to submit all applicable evaluation forms or records of completion to the NLPB Office following the completion of the practical training period.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Fee Paid By:**  Cash, Cheque or Money Order  VISA  Mastercard

**Please Print Full Name on Card:** \_\_\_\_\_

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
CVV # (on back of card)