



# Newfoundland & Labrador Pharmacy Board

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

Telephone  
Fax  
e-mail

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

## Application to Register for the NLPB Pharmacy Technician Practical Training Program

### 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 # _____
Email Address _____		Preferred Phone # _____		
Pharmacy Name _____		Pharmacy Address _____		

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

#### Candidate Certification:

- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacy Technician*<sup>1</sup>.
- I have included an official transcript or original diploma indicating graduation from a CCAPP-accredited pharmacy technician educational program with this application.
- I understand that I may not begin the practical training period until I receive notification from NLPB that this application has been approved and that credit will not be given for time served prior to this application being approved.
- I understand that, to receive credit for completing the practical training program, it is my responsibility to ensure that the final documentation including the evaluation form are submitted to NLPB following the completion of the program.
- I have included payment information for the appropriate fee in accordance with the *NLPB Schedule of Fees*.

#### Preceptor Certification:

- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacy Technician*<sup>1</sup>.
- I have received authorization from NLPB to act as a preceptor.
- I recognize that the intent of this practical training program is to familiarize the candidate with the day-to-day practice of pharmacy and that I am responsible for ensuring that adequate oversight and supervision is provided to the candidate.
- I understand that it is my responsibility to ensure that the activities in the manual are adequately completed.
- 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 NLPB's determination of their eligibility for registration as a pharmacy technician.
- I agree to submit the completed evaluation form to NLPB following the completion of the practical training program.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV # (on back of card) \_\_\_\_\_

<sup>1</sup> Available on the [Register as a Pharmacy Technician](#) page of the NLPB website