



Newfoundland & Labrador Pharmacy Board

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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*¹.
- 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.
- I understand that I may not begin may not begin the practical training period until I receive authorization from 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 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*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 NLPB's determination of their 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: <input type="checkbox"/> 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)

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