



Newfoundland & Labrador Pharmacy Board

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Application for Pre-Registration as a Pharmacy Technician

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	
Primary Phone Number	Secondary Phone Number	Email Address	

Are you currently registered in a Canadian CCAPP-accredited Pharmacy Technician Education Program?

Yes No

If Yes, please give:

- the name of the school: _____
- its location: _____
- your anticipated date of graduation (MM/YY): _____

Have you ever been convicted of an offence under any provincial or federal laws?

Yes No

If Yes, please give details:

I certify that the information contained in this application is complete and correct and recognize that providing false or incomplete information on this application may affect my ability to become registered.

Applicant's Signature

Date Signed