



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
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## Application for Re-Registration as a Pharmacy Technician in Newfoundland and Labrador (in accordance with the NLPB Interpretation Guide - Requirements for Re-Registration in Newfoundland and Labrador)

### Demographic Information:

_____	_____	_____
Last Name	First Name & Middle Initial	
_____	_____	_____
Maiden Name (if applicable)	Date of Birth (DD/MM/YYYY)	Gender

### Contact Information:

_____	_____
Email Address	Phone Number

### Mailing Address:

_____	_____
Street Address (or P.O. Box)	City/Town
_____	_____
Province	Postal Code

### Academic Information:

_____	_____	_____
CCAP-Accredited College Attended	Province	Date of Graduation

### Pharmacy Examining Board of Canada Qualifying Exam Status:

_____	_____
Date Completed (DD/MM/YYYY)	Registration #

### When were you last registered in Newfoundland and Labrador?

_____	_____
Month/Year (if known)	Registration # (if known)

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

Is your registration currently restricted, suspended or revoked in any other jurisdiction? (If "Yes", please attach details)  Yes  No

Has your registration ever been restricted, suspended, or revoked in any other jurisdiction? (Please attach all pertinent details)  Yes  No

If "Yes", are you currently eligible to practice pharmacy in that jurisdiction?  Yes  No

### Please provide details regarding where you will be practicing in NL:

Category:  Administrative  Community  Hospital  Relief

Pharmacy/Employer Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Anticipated # hours per week: \_\_\_\_\_

**By signing below, I certify that:**

- The information contained in this application is complete and correct and I recognize that providing false or incomplete information on this application may be cause for revocation of registration.
- I have met the requirements for re-registration in accordance with the *NLPB Interpretation Guide - Requirements for Re-Registration in Newfoundland and Labrador*.
- I will provide the Registrar with the details of any of the following that occur or arise after my registration:
  - A charge relating to an offence under any provincial or federal statute in Canada or another country.
  - A finding of guilt or conviction in relation to an offence under any provincial or federal statute in Canada or another country.
- I will abide by the requirements of the Pharmacy Act, its Regulations, Bylaws and Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- I have read the *NLPB Policy on Collection, Use and Disclosure of Registrants' Information* and confirm that I consent to the release of personal information in accordance with this policy.
- I have provided:
  - A copy of my current professional liability insurance coverage certificate in accordance with the *NLPB Policy, Professional Liability Insurance Requirements for Registration*. I understand that I am responsible for ensuring that this coverage is maintained throughout the year.
  - A copy of my government-issued photo identification.
- I have included payment information for the current Pharmacy Technician Registration fee, as indicated in the *NLPB Schedule of Fees*.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

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

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

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

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

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