



Newfoundland & Labrador Pharmacy Board

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(709) 753-8615
registration@nlpb.ca

Application to Register for the NLPB Registration Exam

Candidate Information:

_____	_____	_____
Last Name	First Name & Middle Initial	
_____	_____	
Preferred Email Address	Preferred Phone #	
_____	_____	_____
Street Address (or P.O. Box)	City/Town & Province	Postal Code

Eligibility:

In accordance with the exam eligibility requirements outlined in the NLPB *Interpretation Guide – Registration Examination*¹, I am a(n):

- approved applicant, currently registered as a pharmacist or a pharmacy technician in another province in Canada,
- international pharmacy graduate, registered as an intern with NLPB,
- pharmacy technician student who is enrolled in or has completed the final semester of a CCAPP-accredited pharmacy technician program, pre-registered with NLPB, or
- pharmacy student who is enrolled in or has completed the final semester of a CCAPP-accredited pharmacy program, registered as a student or intern with NLPB.

Please select ONE examination location:

- | | | | |
|--------------------------------------|----------------------------------------------|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Burin | <input type="checkbox"/> Corner Brook | <input type="checkbox"/> Happy Valley-Goose Bay | <input type="checkbox"/> St. John's |
| <input type="checkbox"/> Clarenville | <input type="checkbox"/> Grand Falls-Windsor | <input type="checkbox"/> Labrador City | |

If you selected St. John's as the examination location, please select ONE of the following examination dates:

- January 25, 2023 February 22, 2023 March 22, 2023

Otherwise, please indicate the month you wish to schedule the examination:

- January February March April May

By signing below, I certify that:

- I have read and understand the requirements of the NLPB *Interpretation Guide – Registration Examination*.
- I am submitting this application at least TWO weeks prior to the date of the scheduled exam sitting.
- I have enclosed the Registration Exam Fee as indicated in the *NLPB Schedule of Fees*.

_____	_____
Candidate Signature	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 [Registration Examination page](#) of the NLPB website.