

Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive St. John's, NL, A1B 0L2 Website www.nlpb.ca Telephone Fax e-mail (709) 753-5877 or 1-877-453-5877 (toll free) (709) 753-8615

registration@nlpb.ca

Application to Register for the NLPB Registration Exam

Candidate Information:									
		Last Name				First Name & Middle Initial			
		Preferred Email A	ddress				Preferred Phone #		
		Street Address (o	r P.O. Bo	ox)		Cit	r/Town & Province		Postal Code
_	bility: In ad		the ex	am eligibility requ	irements o	outli	ned in NLPB's <i>Interpret</i>	ation	Guide – Registration
	pharmacy student who is enrolled in or has completed the final semester of a CCAPP-accredited pharmacy program and who is registered as a pharmacy student or pharmacy intern with NLPB								
	pharmacy technician student who is enrolled in or has completed the final semester of a CCAPP-accredited pharmacy technician program, and who is pre-registered with NLPB								
	international pharmacy graduate, who is registered as a pharmacy intern with NLPB								
	approved applicant, who is currently registered as a pharmacist or a pharmacy technician in another province in Canada (Only select this option if you have already contacted NLPB to confirm that you meet the criteria)								
		<u>)NE</u> examinati	on loc	ation and date b	elow:				
Loca	tions:								
	Corner Br	Corner Brook				s-Windsor \square St. Jo			n's
Date	<u>s:</u>								
	January 2	4, 2024		February 21, 202	24		March 20, 2024		April 17, 2024
	May 15, 2	024		June 12, 2024			July 24, 2024		August 21, 2024
	Septembe	r 18, 2024		October 16, 2024	1		November 13, 2024		December 11, 2024
3y siç		w, I certify that	_						
•	• I have read and understand the requirements of NLPB's Interpretation Guide – Registration Examination.								
•	• I am submitting this application at least <u>FOUR</u> weeks prior to the date of the scheduled exam sitting.								
•	 I have enclosed the Registration Exam Fee as indicated in NLPB's Schedule of Fees. 								
Candidate Signature						Date Signed			
Fee	Paid By:	☐ Chec	que or l	Money Order	□ VI	SA	☐ Masterca	ard	
Ple	ase Print Fu	ıll Name on Car	d:						
Con	d #						xpiry Date		CVV # (on back of card)

¹ Available on the <u>Registration Examination page</u> of the NLPB website.