



# Newfoundland & Labrador Pharmacy Board

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## Application to Register for the NLPB Registration Exam

### 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
Phone Number		Email Address	

### In each of the following sections, please select **ONE** option:

In accordance with the exam eligibility requirements outlined in the NLPB *Interpretation Guide – Registration Examination*<sup>1</sup>, 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:

- Burin
- Corner Brook
- Happy Valley-Goose Bay
- St. John's
- Clarenville
- Grand Falls-Windsor
- Labrador West

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

- August 24, 2022
- September 21, 2022
- October 19, 2022
- November 16, 2022
- December 14, 2022

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

- August
- September
- October
- November
- December

### 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

<sup>1</sup> Available on the [Registration Examination page](#) of the NLPB website.

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

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

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

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

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