



Newfoundland & Labrador Pharmacy Board

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Fax (709) 753-8615
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Application for Registration as a Pharmacy Intern - Canadian Pharmacy Graduates

Demographic Information:

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

Address:

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

Phone Number:

() _____	() _____
Primary Phone Number	Secondary Phone Number

Email Address:

_____	_____
Primary Email Address	Secondary Email Address

Academic Information:

_____	_____	_____
Name of Initial Pharmacy Degree	University / College Attended	Date of Graduation

Pharmacy Examining Board of Canada Status:

Qualifying Exam (if applicable): _____

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

How many weeks of structured practical experience have you already completed? _____

Have you ever been found guilty or convicted of an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes," please attach details

Are you the subject of a current proceeding relating to an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes," please attach details

CERTIFICATIONS & PAYMENT

- 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 certify that 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 agree to 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 submitted:
- Proof of professional liability insurance coverage 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.
 - An original, current certificate of conduct (issued within the past six months) from the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police or other appropriate policing agency.
 - Photo identification acceptable to the Board.
 - An official transcript or original diploma indicating graduation from a pharmacy program.
 - The current Pharmacy Intern Registration fee as indicated in the NLPB *Schedule of Fees*.

Applicant's Signature

Date Signed

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

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)