



Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
St. John's, NL, A1B 0L2
Website www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail registration@nlpb.ca

Application for Registration as a Pharmacy Intern

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:

Name of Pharmacy Degree University / College Attended Date of Graduation

Pharmacists' Gateway IPG National ID

(applicable only to international pharmacy graduates):

Pharmacy Examining Board of Canada Evaluating Exam Status

(applicable only to international pharmacy graduates):

Date Completed (DD/MM/YYYY) Registration #

Pharmacy Examining Board of Canada Qualifying Exam Status

(if completed):

Date Completed (DD/MM/YYYY) Registration #

How many hours of structured practical experience have you already completed in Canada, IN ADDITION TO any experiential education completed as part of your pharmacy degree?

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

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 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, *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:
 - Copy of 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.
 - 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.
 - Verification of English Language Proficiency, in accordance with the NLPB Policy, *English Language Proficiency Requirements for Registration (only applicable to international pharmacy graduates)*.
 - An official transcript or diploma indicating graduation from a pharmacy program.
 - Copy of government-issued photo identification.
 - Payment information for the current Pharmacy Intern Registration fee, as indicated in the NLPB *Schedule of Fees*.

Applicant's Signature

Date Signed

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|--|-------------|-------------------------|
| 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) |