



# Newfoundland & Labrador Pharmacy Board

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## 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

### 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:

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

How many weeks of structured practical experience have you already completed in Canada? \_\_\_\_\_

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 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 attached:
  - Proof of professional liability insurance coverage (i.e current certificate of 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.
  - 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 original diploma indicating graduation from a pharmacy program.
  - Photo identification acceptable to the board.
- I have included payment information for the current Pharmacy Intern Registration fee, as indicated in the NLPB *Schedule of Fees*.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

<b>Fee Paid By:</b> <input type="checkbox"/> Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
<b>Please Print Full Name on Card:</b> _____		
Card #	Expiry Date	CVV # (on back of card)