



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 to Extend 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)

Pharmacy Examining Board of Canada Qualifying Exam Status:

(if completed)

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

Have you completed the NLPB Internship Program within the last two years?

- Completed Date Completed: _____
- In Progress Date of Anticipated Completion: _____
- No

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, and the Bylaws Standards of Pharmacy Operation 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:
 - A professional liability insurance coverage certificate, indicating current coverage in accordance with NLPB's *Professional Liability Insurance Requirements for Registration*. I understand that I am responsible for ensuring that this coverage is maintained throughout the year.
 - Photo identification in accordance with NLPB's *Photo Identification Requirements for Registration*.
- I have arranged for the following to be sent directly to NLPB:
 - A Letter of Standing from the pharmacy regulatory authority in any province where structured practical training was completed verifying the number of hours completed.
 - A certificate of conduct, issued in accordance with NLPB's *Certificate of Conduct Requirements for Registration*.
- I have included payment information for the current Pharmacy Inten Registration fee, as indicated in the NLPB *Schedule of Fees*.

Applicant's Signature

Date Signed

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)