



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
Website [www.nlpb.ca](http://www.nlpb.ca)

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)  
Fax (709) 753-8615  
e-mail [inforx@nlpb.ca](mailto:inforx@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) 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

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

- Completed Date Completed: \_\_\_\_\_  
 In Progress Date of Anticipated Completion: \_\_\_\_\_  
 No

**Please note:** This application will not be approved until such time as the Internship Program is successfully 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

### INTERN APPLICANT CERTIFICATIONS

- 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 agree to abide by the requirements of the *Pharmacy Act, 2012* and its Regulations, as well as the Bylaws and Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- 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 understand that I am responsible for identifying myself as an intern when communicating or working with the public, other members of the pharmacy profession, and other health professionals, as appropriate.
- I understand that as a pharmacy intern, I am permitted to perform tasks within the scope of practice of a pharmacist, but only under the supervision of a pharmacist, and in accordance with the standards of practice of the NLPB.
- I understand that I am not permitted to independently:
  - administer an inhalation or injection
  - participate in Opioid Agonist Maintenance Treatment
  - prescribe
- I understand that accountability for my practice is shared between myself and the pharmacist who is supervising me.
- I understand that I am responsible for my own practice and should only engage in an activity when competent to do so, and that it is my responsibility to seek assistance from a pharmacist, as needed.
- 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 NLPB.
  - An official transcript or original diploma indicating graduation from a pharmacy program.

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

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

**SUPERVISING PHARMACIST CERTIFICATIONS**

- 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 am currently registered in good standing and have no restrictions on my practice.
- I understand that I am responsible for supervising the intern myself or assigning a suitable delegate to do so when I am not available.
- I understand that I am responsible for determining the appropriate level of supervision required for the intern by considering the intern's level of education and experience and evaluating the intern's competence in relevant areas of practice.
- I understand that accountability for the intern's practice is shared between the intern, myself, and any delegate I may assign.

\_\_\_\_\_  
Supervising Pharmacist's Name

\_\_\_\_\_  
Registration #

\_\_\_\_\_  
Supervising Pharmacist's Signature

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