



# Newfoundland & Labrador Pharmacy Board

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

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## Application for Registration as a Pharmacist in Newfoundland and Labrador

### 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:

_____	_____	_____	_____
Initial Pharmacy Degree Earned	University/College Attended	Province/Country	Graduation Date
_____	_____	_____	_____
Additional Pharmacy Degree Earned	University/College Attended	Province/Country	Graduation Date

### Pharmacy Examining Board of Canada Qualifying Exam Status:

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

### Please provide details regarding where you will be practicing in NL:

Category:  Administrative  Community  Hospital  Relief

Employer Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Anticipated # hours per week: \_\_\_\_\_

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

If you **ARE CURRENTLY, OR WERE PREVIOUSLY**, registered as a pharmacist in any province or territory of Canada, please provide details below:

Province	Registration #	Registration Expiry Date	Category of Registration
Is your registration <u>currently</u> restricted, suspended or revoked in any other jurisdiction? (If "Yes", please attach details)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your registration <u>ever been</u> restricted, suspended, or revoked in any other jurisdiction? (Please attach all pertinent details)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", are you currently eligible to practice pharmacy in that jurisdiction?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 CCAPP-accredited pharmacy program.
  - Proof of membership in the Pharmacists' Association of Newfoundland and Labrador. I understand that I am responsible for ensuring that this membership is maintained throughout the year.
  - Copy of government-issued photo identification.
- I have included payment information for the current Pharmacist Registration fee, as indicated in the NLPB *Schedule of Fees*.

\_\_\_\_\_  
Applicant 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)