



# Newfoundland & Labrador Pharmacy Board

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

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## Application for Registration as a Pharmacy Technician in Newfoundland and Labrador

### Demographic Information:

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden Name (if applicable) Date of Birth (DD/MM/YYYY) Country of Birth Gender

### Home Address:

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town & Province Postal Code Country

### Phone Number:

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary Phone Number Secondary Phone Number

### Email Address:

\_\_\_\_\_  
Primary Email Address Secondary Email Address

### Academic Background:

\_\_\_\_\_  
CCAPP-Accredited College Attended Province/Country Graduation Date

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

\_\_\_\_\_  
PEBC Registration Date 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?  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.

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

Province	Registration #	Registration Expiry Date	Category of Registration
<b>Is your registration <u>currently</u> restricted, suspended or revoked in any other jurisdiction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If "Yes", please attach details</b>			
<b>Has your registration <u>ever been</u> restricted, suspended, or revoked in any other jurisdiction? Please attach all pertinent details.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If "Yes", are you currently eligible to practice in that jurisdiction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

### CERTIFICATIONS & PAYMENT

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of registration or an allegation of conduct deserving of sanction.
- 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 agree to abide by the requirements of the Pharmacy Act, its Regulations and Bylaws and the Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- I have read the NLPB *Policy on Collection, Use and Disclosure of Registrants' Personal Information* and confirm that I consent to the release of personal information in accordance with this policy.
- 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 Board.
  - The Initial Registration Fee and Annual Registration Fee for Registration as a Pharmacy Technician, as indicated in the NLPB *Schedule of Fees*.

Applicant Signature \_\_\_\_\_

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

**Fee Paid By:**     Cash, Cheque or Money Order     VISA     Mastercard

**Please Print Full Name on Card:** \_\_\_\_\_

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

CVV # (on back of card) \_\_\_\_\_