



Newfoundland & Labrador Pharmacy Board

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Application for Initial Registration as a Pharmacy Student (To be completed by students of accredited Canadian Pharmacy Programs)

Demographic Information:

Last Name First Name & Middle Initial

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

Contact Information:

University Email Address Phone Number

Mailing Address:

Street Address (or P.O. Box) City/Town / Province Postal Code

University: _____ Expected Year of Graduation: _____

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 relating 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, *Collection, Use and Disclosure of Registrants' Information* and confirm that I consent to the release of personal information in accordance with this policy
- For MUN School of Pharmacy Students: I understand and agree that the MUN School of Pharmacy has the right to notify the NLPB of any change in my status as a Pharmacy Student.
- 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.
 - Photo identification acceptable to the board.
- I have included payment information for the current Student 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)