



# Newfoundland & Labrador Pharmacy Board

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## Application to Register for a Special Sitting of the Registration Exam

### Candidate

#### Information:

Last Name		First Name & Middle Initial	
Maiden Name (if applicable)		Date of Birth (DD/MM/YYYY)	Gender
Street Address (or P.O. Box)		City/Town & Province	Postal Code
( )	( )	Email Address	
Home Phone Number	Cell Phone Number		

Please indicate whether you are applying for an alternate date, time, location or both:

- Alternate Date/Time: \_\_\_\_\_
- Alternate Location: \_\_\_\_\_

If you are applying for an alternate location, please provide the contact information for your proposed invigilator:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Declarations:

- I have enclosed the Special Exam Sitting Fee, as indicated in the *NLPB Schedule of Fees*.
- I understand that the sitting must be approved by the Board.

\_\_\_\_\_  
Candidate Signature Date

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

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

\_\_\_\_\_  
Card # Expiry Date CVV # (on back of card)

**Please Note:** This form must be received by the NLPB Office at least 14 days prior to the date of the regular or proposed exam sitting