



Newfoundland & Labrador Pharmacy Board

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Request for Temporary Closure of a Community Pharmacy

(in accordance with the NLPB Policy - Temporary Pharmacy Closure¹)

Pharmacy Information:

Pharmacy Name

Pharmacy Licence #

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

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Phone Number

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Fax Number

Name of Pharmacist-in-Charge

Pharmacy Email Address

Period of Closure:

Please provide anticipated start and end dates of closure:

Special Services:

Identify any special services provided by the pharmacy and indicate what measures have been taken to ensure patients' needs will be addressed during the closure:

Security Plan:

Indicate briefly how the pharmacy premises and contents will be secured during the closure:

Certifications:

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information may be cause for an allegation of conduct deserving of sanction.
- Upon approval of this application, a notice that meets the conditions laid out in the policy will be posted in a prominent location at the front entrance to the pharmacy and at the dispensary counter.
- Patients will be contacted, in accordance with the policy, to pick up prescriptions ahead of the closure, if at all possible.
- I will notify NLPB upon reopening, as well as if there are any changes to the above noted timeframe.

Pharmacist-in-Charge Signature

Date Signed

Please submit at least 30 days in advance of anticipated start date of temporary closure

¹ Available on the Licensing Information for Pharmacies page of the NLPB website: <https://nlpb.ca/registration-and-licensing/licensing-information-for-pharmacies/>