



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Call for Public Representative

The Newfoundland and Labrador Pharmacy Board (NLPB) is seeking interested members of the public to serve as a Public Representative on the board. The role of the public representative is to provide the board, its committees and members of the public, a non-pharmacy perspective and an understanding of consumer issues as they relate to pharmacy and health care in our Province. It is desired that the Public Representative have:

- An interest in health and welfare and be generally well-informed on health matters;
- Knowledge of the pharmacy profession;
- Previous committee or board experience;
- Time to devote to the role;
- Volunteer or work experience that demonstrates acting in the public interest; and
- A general understanding of self-regulation.

As a volunteer, you can be assured your work will make a significant difference in helping the board fulfill its mandate.

Public Representatives are generally appointed to the board for a three year term and are expected to attend approximately four meetings throughout the year. As a volunteer position, only expenses for attendance at these meetings will be reimbursed.

If you are interested in becoming a public representative, please complete the form below and submit it to the NLPB:

- via email to inforx@nlpb.ca
- by fax to (709) 753-8615
- or by mail to: 488 Water Street, St. John's, NL A1E 1B3

A. PERSONAL INFORMATION

Full Name: _____

Address: _____

Street Address (or P.O. Box)

City/Town

Postal Code

Phone Number: _____

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Home Phone Number

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Other Phone Number

Email Address: _____

Home Email Address

Other Email Address

B. EDUCATIONAL BACKGROUND (PLEASE LIST MOST RECENT FIRST)

Degree/Diploma/Certificate

Date of Graduation

C. EMPLOYMENT INFORMATION (IF APPLICABLE)

Position: _____

Employer: _____

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

Fax Number: _____

Email Address: _____

D. PLEASE EXPAND ON YOUR RELEVANT WORK EXPERIENCES:

E. PLEASE LIST ANY RELEVANT PERSONAL, COMMITTEE AND/OR VOLUNTEER EXPERIENCES: