

NLPB Registrant Portal

User Guide

Adding Professional Development Activities

Updated October 13, 2023



1. Log into the <u>NLPB Registrant Portal</u>.

2. Once you have logged into your profile, click on *Professional Development* on the side menu.

					Julie Re	ddy (2
NEWFOUNDLAND & LABRADOR						
Home	Home					
Profile						
Registrant Information						
Employment Information	Your Information					
Educational Background	First Name		Last Name		Middle Name	
Certificate of Registration	Julie		Reddy			
Other Pharmacy Registrations	Telephone		Email			
Professional Liability Insurance	(709) 555-5555		jreddy@nlpb.ca			
First Aid and CPR Certification						
Registration						
Document Upload						
Professional Development	Registrations					
Registration Renewal	Registration Type	Registration Number	Registration Status	Registration Effective Date	e Registration Expiration Date	
Authorizations	Pharmacist	99-9999	Active	10/12/2022	10/10/2023	
Requests	Filamacist	00-0000	ACUYO .	10/12/2022	10/10/2020	
Status Change Request						
Name Change Request						
Document Request	Outstanding Invoid	es				
Invoices & Receipts	Total \$0.00)			View	
Account Settings						



3. Click the *View* button for the PD Period with the PD Period Status *Open*.

					Julie Reddy (25)
ST NEWFOUNDLAND & LABRADOR ST PHARMACY BOARD					
Home	Professional Development				
Profile					
Registrant Information	For further information regarding profes	sional development requirements, plea	se visit our website at the following link:		
Employment Information	https://nlpb.ca/quality-assurance/pro		Ŭ		
Educational Background	Please note, pharmacy students and	pharmacy interns are not required to	o record professional development a	ctivities.	
Certificate of Registration	PD Period	Registration Type	Registration Status	PD Period Status	
Other Pharmacy Registrations	12/01/2020 - 11/30/2021	Pharmacist	Active	Closed	Q View
Professional Liability Insurance				010000	
First Aid and CPR Certification	12/01/2022 - 11/30/2023	Pharmacist	Active	Open	Q View
Registration	12/01/2021 - 11/30/2022	Pharmacist	Active	Submitted	Q View
Document Upload					
Professional Development					
Registration Renewal					
Authorizations					
Requests					
Status Change Request					
Name Change Request					
Document Request					
Invoices & Receipts					
Account Settings					



- 4. Review your submitted CEUs for the PD Period.
 - a. The CE Period table will list the *Minimum Units Required*, *Total CEUs Submitted*, and *Total Remaining CEUs Required* for the current period.
 - b. The Credits By Category Table will list the *Minimum Units Required* and the *Current Units* for each the Non-Accredited Learning and the Accredited Learning.
 - c. The Learning Activities table will list each learning activity that has been submitted for the current PD period.

					Julie Red
NEWFOUNDLAND & LABRADOR PHARMACY BOARD					
ome	Professional Provi	10			
	Professional Develo	Spment Summary			
Profile					
Registrant Information	If you have any questions re	egarding professional developmen	nt requirements, please email inforx@nl	pb.ca	
Employment Information	PD Period Status: Open				
Educational Background	Registration Type	PD Period	Minimum Units Required	Total CEUs Submitted	Total Remaining CEUs Required
Certificate of Registration	Pharmacist	12/01/2022 - 11/30/2023	15	0	15
Other Pharmacy Registrations					
Professional Liability Insurance	Credits By Category				
First Aid and CPR Certification	Category		Minimum Units Required	Maximum Units	Current Units
Registration	Accredited Learning		7.5	N/A	0
Document Upload	Non-Accredited Learning		0	N/A	0
Professional Development					
Registration Renewal					
Authorizations					
Requests	Learning Activities				
Status Change Request	PD Category	Activity Provider	Program Accredited By	Date of Completion	Number of Credits
Name Change Request		No	activity records have been added. Click	+ Add New to add a new activity.	
Document Request					
Invoices & Receipts			+ Add New Re	cords	



5. Click the +Add New Records button to submit new learning activities for the current PD period.

ome	Professional Devel	opment Summary				
rofile						
Registrant Information	If you have any questions	regarding professional developm	ent requirements, please email inforx@nl	pb.ca		
Employment Information	PD Period Status: Open					
Educational Background	Registration Type	PD Period	Minimum Units Required	Total CEUs Submitted	Total Remaining CEUs Required	
Certificate of Registration	Pharmacist	12/01/2022 - 11/30/2023	15	0	15	
Other Pharmacy Registrations						
Professional Liability Insurance	Credits By Category					
First Aid and CPR Certification	Category		Minimum Units Required	Maximum Units	Current Units	
gistration	Accredited Learning		7.5	N/A	0	
Document Upload	Non-Accredited Learning		0	N/A	0	
Professional Development	Horeaction Control Control	,	•	120	v	
Registration Renewal						
Authorizations						
equests	Learning Activities					
Status Change Request	PD Category	Activity Provider	Program Accredited By	Date of Completion	Number of Credits	
Name Change Request		4	lo activity records have been added. Click	+ Add New to add a new activity.		
Document Request						
voices & Receipts			+ Add New Re	cords		

6. The New Professional Development form will open.

			Julie Reddy (25)
MEWFOUNDLAND & LABRADOR			
Home	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is re	uired.	
Educational Background	PD Category *	Select	~
Certificate of Registration	Activity Provider *		
Other Pharmacy Registrations	Activity Provider *		
Professional Liability Insurance	Program Accredited By *	Start typing to search	~
First Aid and CPR Certification	Date of Completion *		**
Registration			
Document Upload	Number of Credits *		
Professional Development	Accreditation #		
Registration Renewal			
Authorizations	Program Title *		
Requests			li li
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			ß
Document Request	Key Learnings and Integration into Practice *		
Invoices & Receipts			
Account Settings	Please upload any supporting documentation. *	▲ Choose Files	



7. *Please note: Accredited and Non-Accredited activities will now be submitted using the same online form.* Select either Accredited Learning or Non-Accredited Learning in the PD Category dropdown box.

			Julie Reddy (25)
T NEWFOUNDLAND & LABRADOR			
Home	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is	required.	
Educational Background	PD Category *	Select	~
Certificate of Registration		Select	
Other Pharmacy Registrations	Activity Provider *	Accredited Learning	
Professional Liability Insurance	Program Accredited By *	Non-Accredited Learning	
First Aid and CPR Certification	Date of Completion *	······	m
Registration	Date of completion		
Document Upload	Number of Credits *		
Professional Development	Accreditation #		
Registration Renewal			
Authorizations	Program Title *		
Requests			
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			
Document Request	Key Learnings and Integration into Practice *		
Invoices & Receipts			li.
Account Settings	Please upload any supporting documentation. *	1 Choose Files	

8. Type in the name of the provider in the Activity Provider field.

			Julie Reddy (25)
NEWFOUNDLAND & LABRADOR PHARMACY BOARD			
lome	New Professional Development		
rofile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is req	uired.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations	Activity Provider +	Pharmacy Continuing Education Provider	
Professional Liability Insurance	Program Accredited By *	Start typing to search	~
First Aid and CPR Certification	Date of Completion *		<u> </u>
egistration			
Document Upload	Number of Credits *		
Professional Development	Accreditation #		
Registration Renewal			
Authorizations	Program Title *		
equests			li
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			li li
Document Request	Key Learnings and Integration into Practice *		
voices & Receipts			li li
Account Settings	Please upload any supporting documentation. *	🏩 Choose Files	



9. Select the name of the accrediting body for the learning activity in the *Program Accredited By* dropdown box. For non-accredited activities, choose *Non-accredited*.

		Julie	Reddy (25)
ST NEWFOUNDLAND & LABRADOR			
Home	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is re	quired.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations		· · · · · · · · · · · · · · · · · · ·	_
Professional Liability Insurance	Program Accredited By *	Start typing to search	~
First Aid and CPR Certification	Date of Completion *	Accreditation Council for Continuing Medical Education (ACCME)	<u> </u>
Registration		Accreditation Council of Pharmacy (ACPE)	- 11
Document Upload	Number of Credits *	Dalhousie University Continuing Pharmacy Education (DALCPE)	- 1
Professional Development	Accreditation #	Newfoundland and Labrador Pharmacy Board (NLPB)	
Registration Renewal	Program Title *	Non-accredited	*
Authorizations	Program Title 👻		
Requests			@
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			
Document Request	Key Learnings and Integration into Practice *		
nvoices & Receipts			li
Account Settings	Please upload any supporting documentation. *	1. Choose Files	

10. Click the calendar icon in the *Date of Completion* field and select the date that the learning activity was completed.

Home	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is	required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations	Activity Provider +	Pharmacy Continuing Education Provider	
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	
Registration			
Document Upload	Number of Credits *	Su Mo Tu We Th Fr Sa	
Professional Development	Accreditation #	27 28 29 30 31 1 2 3 4 5 6 7 8 9	
Registration Renewal		10 11 12 13 14 15 16	
Authorizations	Program Title *	17 18 19 20 21 22 23	
Requests		24 25 26 27 28 29 30 1 2 3 4 5 6 7	h
Status Change Request	Learning Objectives/Description of Activity *	Friday, October 13, 2023	
Name Change Request			11
Document Request	Key Learnings and Integration into Practice *		
nvoices & Receipts			



11. Type in the number or use the up and down arrows in the *Number of Credits* field to indicate the number of credits assigned to the activity.

PHARMACY BOARD			
lome	New Professional Development	1	
Profile			
Registrant Information			
Employment Information	Note: All information with a red asteris	k (★) is required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations	Heavily I Toylogi		
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	<u></u>
Registration			_
Document Upload	Number of Credits *	1	2
Professional Development	Accreditation #		
Registration Renewal			
Authorizations	Program Title *		
Requests			
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			
Document Request	Key Learnings and Integration into Practice *		
Invoices & Receipts			
Account Settings	Please upload any supporting documentation.	L Choose Files	

12. Type in the accreditation number, if any, for the activity in the Accreditation # field.

Home Profile Registrant Information Employment Information	New Professional Development		
Employment Information			
	Note: All information with a red asterisk (*) is re	/quired.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations			
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	m
Registration			
Document Upload	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal	Program Title *		
Authorizations	Program Title 🕶		
Requests			
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			
Document Request	Key Learnings and Integration into Practice *		
Document Nequest			
Requests Status Change Request Name Change Request	Learning Objectives/Description of Activity *		



13. Type the name of the learning activity in the *Program Title* field.

ST NEWFOUNDLAND & LABRADOR			
PHARMACY BOARD			
Home	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is	s required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration		Dharman Quatingian Estruction Davidan	
Other Pharmacy Registrations	Activity Provider *	Pharmacy Continuing Education Provider	
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	<u></u>
Registration	Buc of Competion		
Document Upload	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal			
Authorizations	Program Title *	Pharmacy Topic	۲
Requests			
Status Change Request	Learning Objectives/Description of Activity *		
Name Change Request			
Document Request	Key Learnings and Integration into Practice *		
nvoices & Receipts			
Account Settings	Please upload any supporting documentation. *	L Choose Files	

14. Type a brief description of the activity and/or the learning objectives of the activity in the *Learning Objectives/Description of Activity* field.

ome	New Professional Development		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk	د (*) is required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations	Activity Flowide		
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	
Registration	Number of Credits *	1	
Document Upload	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal	Program Title *	Pharmacy Topic	
Authorizations	- regramme		C
Requests	Learning Objectives/Description of Activity *	Objectives and Description	
Status Change Request	g	,	C
Name Change Request	Key Learnings and Integration into Practice *		
Invoices & Receipts	····,		
Account Settings	Please upload any supporting documentation. *	L Choose Files	



15. Type a description of what you learned from the activity, any take-home messages, and how you will integrate your learnings into your practice in the *Key Learnings and Integration into Practice* field.

VEWFOUNDLAND & LABRADOR PHARMACY BOARD			
ome	New Professional Development		
ofile			
Registrant Information Employment Information	Note: All information with a red asterisk (*) is required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration Other Pharmacy Registrations	Activity Provider *	Pharmacy Continuing Education Provider	
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	Ê
egistration	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal Authorizations	Program Title *	Pharmacy Topic	e
equests Status Change Request	Learning Objectives/Description of Activity *	Objectives and Description	6
Name Change Request Document Request	Key Learnings and Integration into Practice *	This is what I learned and this is how I will integrate it into my practice.	e
voices & Receipts	Please upload any supporting documentation. *	1 Choose Files	



16. Click the Choose Files button in the *Please upload any supporting documentation* field and double click on the appropriate file to upload a copy of your certificate of completion or other documentation indicating that you have completed the learning activity.

DE VEWFOUNDLAND & LABRADOR PHARMACY BOARD			
ome	New Professional Development		
ofile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is	s required.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations	Activity Provider •	Pharmacy Communing Education Provider	
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	
gistration			
Document Upload	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal			
Authorizations	Program Title *	Pharmacy Topic	C
quests			
Status Change Request	Learning Objectives/Description of Activity *	Objectives and Description	G
Name Change Request			
Document Request	Key Learnings and Integration into Practice *	This is what I learned and this is how I will integrate it into my practice.	G
voices & Receipts			
ccount Settings	Please upload any supporting documentation. *	▲ Choose Files	

17. Click the *Save & Back* button to save the record of the learning activity.

Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is requ	ired.	
Educational Background	PD Category *	Accredited Learning	~
Certificate of Registration	Activity Provider *	Pharmacy Continuing Education Provider	
Other Pharmacy Registrations		, , ,	
Professional Liability Insurance	Program Accredited By *	The Canadian Council of Continuing Education (CCCEP)	~
First Aid and CPR Certification	Date of Completion *	09/09/2023	m
Registration			
Document Upload	Number of Credits *	1	
Professional Development	Accreditation #	32-54677-41	
Registration Renewal			
Authorizations	Program Title *	Pharmacy Topic	©
Requests			
Status Change Request	Learning Objectives/Description of Activity *	Objectives and Description	e
Name Change Request			li
Document Request	Key Learnings and Integration into Practice *	This is what I learned and this is how I will integrate it into my practice.	G
Invoices & Receipts			
Account Settings	Please upload any supporting documentation. *	1 Choose Files	
		file_991234.pdf	×
	< Cancel		Save & Back
			Save & Back



18. The activity will now appear in the Learning Activities table under the current PD Period.

NEWFOUNDLAND & LABRADOR PHARMACY BOARD						
	Professional De	elopment Summary				
н						
istrant Information	If you have any quest	ons regarding professional developme	ent requirements, please email inforx@nlpb.ca			
ployment Information	PD Period Status: O	ben				
icational Background	Registration Type	PD Period	Minimum Units Required	Total CEUs Submitted	Total Remaining CEUs	Required
tificate of Registration	Pharmacist	12/01/2022 - 11/30/2023	15	1	14	
er Pharmacy Registrations						
fessional Liability Insurance	Credits By Categ	ory				
t Aid and CPR Certification	Category		Minimum Units Required	Maximum Units	Current	Units
tration	Accredited Learning		7.5	N/A	1	
cument Upload	Non-Accredited Lea	ning	0	N/A	0	
fessional Development	101110000100200		*		v	
jistration Renewal						
horizations						
ists	Learning Activitie	5				
tus Change Request	PD Category	Activity Provider	Program Accredited By	Date of Completion	Number of Credits	
ne Change Request						
ument Request	Accredited Learning	Pharmacy Continuing Education Provider	The Canadian Council of Continuing Educ (CCCEP)	ation 09/09/2023	1	Update Delete
es & Receipts						
nt Settings			+ Add New Records			



TIPS FOR SUCCESSFULLY SUBMITTING PROFESSIONAL DEVELOPMENT ACTIVITIES

A 30-minute inactivity log-out feature is one of several security measures enabled in the registrant portal. You will automatically be logged out of your account after 30 minutes of inactivity and the system does not recognize typing as an activity. If you spend more than 30 minutes typing in a single field, your information will not be saved.

To assist you in adjusting to this security feature, below are some tips for recording and successfully submitting learning activities.

- 1. Save supporting documents in a dedicated location on your device so they are easy to find when you are ready to upload the files.
- 2. Have your notes on hand when you are recording learning activities in the registrant portal.
- 3. Make notes in a document on your computer so you can copy and paste the information into the online form in the registrant portal.
- 4. When creating a new record, first upload the supporting document, enter the Program Title, insert placeholder text (i.e. TBD), and click Save to ensure the new record is successfully created. You can update the record again at any time before submitting your renewal.
- 5. Make sure the learning objectives/description and key learnings and integration into practice are concise.
- 6. Registrants can also upload a copy of the completed Learning Activity Notes form (available on our website at <u>https://nlpb.ca/quality-assurance/professional-development/</u>) as a supporting document and reference the information by entering "See attached" in the Learning Objectives/Description of Activity and Key Learnings and Integration into Practice fields.