

NLPB Registrant Portal

User Guide

Adding/Updating Professional Liability Insurance

Updated October 18, 2023



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

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

					Julie Reddy
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	Telenhone		Email		
Professional Liability Insurance	(709) 555-5555		ireddy@nlpb.ca		
First Aid and CPR Certification	(100) 000 0000		hoody@hipb.od		
Registration					
Document Upload					
Professional Development	Registrations				
Registration Renewal	Desistantian Tores	Desistation Number	Desistantian Status	Desistanting Effective Date	Desistation Evolution Data
Authorizations	Registration type	Registration Number	Registration Status	Registration Ellective Date	Registration Expiration Date
Requests	Pharmacist	99-9999	Active	10/10/2022	11/30/2023
Name Change Request					
Document Request					
Status Change Request	Outstanding Invoic	es			
Invoices & Receipts					
Account Settings	Total \$1,25	8.40			View



3. Click the +Add New Records button to submit a copy of your current certificate of insurance and policy details.

						Julie Reddy (25)
T NEWFOUNDLAND & LABRADOR						
C FIIARMACT BOARD						
Home	Professional Liab	ility Insurance				
Profile						
Registrant Information	Current professional liab	ility insurance (PLI) is required f	for all professionals, pharmacy stude	onts, and nharmacy interns registered wit	th NLPB. You must provide proof	of insurance by unloading
Employment Information	a certificate of insurance	and providing policy details.	or all professionals, pharmacy stude	nis, and pharmacy interns registered wi	arriver b. Tou must provide proof	of insurance by uploading
Educational Background	If you have already subn	nitted a copy of your certificate of	of insurance, please confirm that it is	current.		
Certificate of Registration	If you are updating the e	xpiration date or policy certificat	te tor an existing PLI policy, please s the NLPB, please select the ADD NI	elect the EDIT button. EW button		
Other Pharmacy Registrations	Provider Name	Policy Number	Occurrence Amount	Aggregate Amount	Expiration Date	
Professional Liability Insurance	T TOYIGGT WATE	Toncy Humber	Occurrence Amount	Aggregate Amount	Expitation Date	
First Aid and CPR Certification	ABC Insurance	ABC23875	2000000	4000000	07/01/2023	Edit
Registration						
Document Upload			+ Add	New Records		
Professional Development						
Registration Renewal						
Authorizations						
Requests						
Name Change Request						
Document Request						
Status Change Request						
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Account settings						

4. Type in the name of your insurance provider in the *Provider Name* field.

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rofile			
Registrant Information			
Employment Information	Note: All information with a red asteris	: (*) is required.	
Educational Background	Aggregate and Occurrence fields accept numer	cal characters and	
Certificate of Registration	Aggregate and occurrence news accept numer		
Other Pharmacy Registrations	Provider Name *	insurance Co.	
Professional Liability Insurance	Policy Number *		
First Aid and CPR Certification	Occurrence Amount *		
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Document Upload	Aggregate Amount *		
Professional Development	Expiration Data *		ŝŝ
Registration Renewal	Expiration Date -		
Authorizations	Certificate of PLI *	1 Choose File	
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Status Change Request	< Previous		Save & Continu
voices & Receipts			



5. Type in your insurance policy number in the Policy Number field.

PHARMACY BOARD			
Home	Professional Liability Insurance	e	
Profile			
Registrant Information			
Employment Information	Note: All information with a red asteri	sk (*) is required.	
Educational Background			
Certificate of Registration	Aggregate and Occurrence fields accept nume	encal characters only.	
Other Pharmacy Registrations	Provider Name *	Insurance Co.	
Professional Liability Insurance	Policy Number *	P342091	
First Aid and CPR Certification			
Registration	Occurrence Amount +		
Document Upload	Aggregate Amount *		
Professional Development	Every parts		
Registration Renewal	Expiration Date +		
Authorizations	Certificate of PLI *	± Choose File	
Requests			
Name Change Request			
Document Request			
Status Change Request	< Previous		Save & Continu
Invoices & Receipts			
Account Settings			

6. Type in the limit per claim amount/per occurrence limit amount or use the up and down arrows in the *Occurrence Amount* field to indicate the amount.

Note: This is a number-only field, so no symbols (i.e. \$, .) can be used.

Professional Liability Insurance res				
me Professional Liability Insurance stile Registrant Information Employment Information Inter: All Information with a red assertak (*) is required. Educational Background Aggregate and Occurrence fields accept numerical characters only. Certificate of Registration Provider Name* Other Parmacy Registrations Policy Numbe* Professional Liability Insurance Policy Numbe* Provider Name* Insurance Co. Perioder Name* Policy Numbe* Policy Numbe* Policy Olicity Courrence Amount * 200000 Occurrence Amount * 200000 Courrence Amount * 200000 Addrocations Exprasion Date * Registration Exprasion Date * Certificate of PLI * Choose File Autorations Exprasion Date * Status Charge Request Exprasion Carge Request Coles & Receipts Exprasion	V NEWFOUNDLAND & LABRADOR			
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Other Pharmacy Registrations Provider Name * Insurance Co. Professional Liability Insurance Policy Number * P342091 First Ad and CPR Certification Occurrence Amount * 2000000 optigstration Occurrence Amount * Image: Comparison of the Compa	Certificate of Registration	Aggregate and Occurrence tields accept numerical cha	acters only.	
Professional Liability Insurance Policy Number* P34201 First Ad and CPR Certification Occurrence Amount * Document Upload Aggregate Amount * Epiration Date * Epiration Date * Certificate of PLI * Choose File Status Change Request Status Change Request Verses & Receipts Verses & Receipts Certificate of ULI * Certificate of ULI	Other Pharmacy Registrations	Provider Name *	Insurance Co.	
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gistration Occurrence Amount* 2000000 Document Upload Aggregate Amount* Professional Development Expiration Date* Registration Renewal Expiration Date* Authorizations Certificate of PLI * Authorizations Certificate of PLI * State Change Request State Scharge Request	First Aid and CPR Certification			
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Status Change Request Status Change Request Status Change Receipts	Document Request			
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ccount Settings	voices & Receipts			
	ccount Settings			



7. Type in the annual aggregate limit amount or use the up and down arrows in the *Aggregate Amount* field to indicate the amount.

	Note: This is	a number-onlv	/ field. so no s	vmbols (i.e. Ś) can be used
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Home	Professional Liability Insura	nce	
Profile			
Registrant Information			
Employment Information	Note: All information with a red as	terisk (*) is required.	
Educational Background	Aggregate and Occurrence fields accept n	umerical characters only,	
Certificate of Registration	Provider Name *	Insurance Co	
Other Pharmacy Registrations			
Professional Liability Insurance	Policy Number *	P342091	
First Aid and CPR Certification	Occurrence Amount *	2000000	
Registration			
Document Upload	Aggregate Amount *	4000000	5
Professional Development	Expiration Date *		m
Registration Renewal			
Authorizations	Certificate of PLI *	1 Choose File	
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Document Request	< Previous		Save & Continue
Status Change Request			
Invoices & Receipts			

8. Click the calendar icon in the *Expiration Date* field and select the date of expiration for the policy.

NEWFOUNDLAND & LABRADOR			
nome	Professional Liability Insural	nce	
Profile			
Registrant Information			
Employment Information	Note: All information with a red ast	erisk (*) is required.	
Educational Background	Aggregate and Occurrence fields accept no	umerical characters only,	
Certificate of Registration	Provider Name *		
Other Pharmacy Registrations	riovider name *		
Professional Liability Insurance	Policy Number *	P342091	
First Aid and CPR Certification			
Registration	Occurrence Amount *	200000	
Document Upload	Aggregate Amount *	4000000	
Professional Development			~
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Authorizations	Certificate of PLI *	↓ June 2024 ▶ Su Mo Tu We Th Er Sa	
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warne Grange Request		9 10 11 12 13 14 15	
Document Request	< Previous	23 24 25 26 27 28 29	Save & Conti
Status Change Request		30 1 2 3 4 5 6	
Invoices & Receipts		Wednesday, October 10, 2020	
Account Settings			



9. Click the *Choose File* button in the *Certificate of PLI* field and double click on the appropriate file to upload a copy of your current insurance certificate.

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Home	Professional Liability Insurance		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*)	s required.	
Educational Background	Annanate and Occurrence fields accent numerical d	aracters only	
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Other Pharmacy Registrations	Provider Name		
Professional Liability Insurance	Policy Number *	P342091	
First Aid and CPR Certification	Occurrence Amount *	2000000	
Registration			
Document Upload	Aggregate Amount *	4000000	
Professional Development	Expiration Date *	06/30/2024	m
Registration Renewal			
Authorizations	Certificate of PLI *	± Choose File	
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Name Change Request			
Document Request			
Status Change Request	< Previous		Save & Continue
Invoices & Receipts			
Account Settings			

10. Click the *Save & Continue* button to save the record of the insurance policy.

Home	Professional Liability Insurance		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk	(*) is required.	
Educational Background	Annrenate and Occurrence fields accent numeri	al characters only	
Certificate of Registration	Previder Name *		
Other Pharmacy Registrations	Provider Name *		
Professional Liability Insurance	Policy Number *	P342091	
First Aid and CPR Certification	Occurrence Amount *	2000000	
Registration			
Document Upload	Aggregate Amount *	4000000	
Professional Development	Expiration Date *	06/30/2024	m
Registration Renewal			
Authorizations	Certificate of PLI *	▲ Choose File	
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Document Request			
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Invoices & Receipts	< FIEVIOUS		Save & Contin
Account Settings			



11. The new insurance policy record will now appear in the Professional Liability Insurance table.

Home	Professional Liabi	lity Insurance				
Profile						
Registrant Information						
Employment Information	Current professional liabi a certificate of insurance	lity insurance (PLI) is required f and providing policy details.	or all professionals, pharmacy studen	ts, and pharmacy interns registered wit	th NLPB. You must provide proof	of insurance by uploading
Educational Background	If you have already subm	itted a copy of your certificate of	of insurance, please confirm that it is o	urrent.		
Certificate of Registration	If you are updating the ex	piration date or policy certificat	e for an existing PLI policy, please se	ect the EDIT button.		
Other Pharmacy Registrations	If you have a new policy	that has not been submitted to	the NLPB, please select the ADD NEV	V button.		
Professional Liability Insurance	Provider Name	Policy Number	Occurrence Amount	Aggregate Amount	Expiration Date	
First Aid and CPR Certification	ABC Insurance	ABC23875	2000000	4000000	07/01/2023	Edit
Registration	Insurance Co.	P342091	2000000	4000000	06/30/2024	Edit
Document Upload						
Professional Development			+ Add 1	lew Records		
Registration Renewal						
Authorizations						
Requests						
Name Change Request						
Document Request						
Status Change Request						
Invoices & Receipts						
Account Settings						