

NLPB Registrant Portal

<u>User Guide</u> Requesting a Letter of Standing

Updated June 5, 2023



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

PHARMACY BOARD Sign In Forgot Password New to this site? Activate now

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

PHARMACY BOARD						
Home	Home					
Profile						
Registrant Information						
Employment Information	Your Information					
Certificate of Registration	First Name		Last Name		Middle Name	
Registration	Julie		Reddy			
Document Upload	Telephone		Email			
Professional Development	(709) 555-5555		ireddy@nlpb.ca			
Registration Renewal			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Authorizations						
Requests						
Name Change Request	Registrations					
Document Request						
Other Pharmacy Registrations	Registration Type	Registration Number	Registration Status	Registration Effective Date	Registration Expiration Date	
Professional Liability Insurance	Pharmacist	99-9999	Active	01/01/2023	12/31/2023	
Invoices & Receipts						
Account Settings						
	Outstanding Invoic	es				
	Total \$0.00				View	



3. Select "Letter of Standing" from the *Requested Document* drop-down field.

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NEWFOUNDLAND & LABRADOR		
Home	Document Request	
Profile		
Registrant Information		
Employment Information	Note: All information with a red asterisk (*) i	is required.
Certificate of Registration	If you are requesting the document for yourself, pleas	se enter your contact details in the recipient's information. Please indicate in the notes your delivery preference of either e-mail, regular
tegistration	mail or pickup.	
Document Upload	Document Request	
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Authorizations	Details / Notes	Letter of Standing
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Name Change Request	Delated Deviatorian *	Select
Document Request	Related Registration +	United and the second s
ther Pharmacy Registrations	Forms / Documentation (if applicable)	1 Choose File
Professional Liability Insurance		
nvoices & Receipts	Recipient Information	
account Settings	Recipient Type *	Select v
	Organization Name	
	Street Address 1 *	
	City *	

4. Enter any additional details, such as additional recipients or additional recipient information, in the *Details/Notes* text box.

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NEWFOUNDLAND & LABRADOR		
Home	Document Request	
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Registrant Information		
Employment Information	Note: All information with a red asterisk (*) is	s required.
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Registration	mail or pickup.	
Document Upload	Document Request	
Professional Development	Requested Document *	Letter of Standing
Registration Renewal		
Authorizations	Details / Notes	Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com
Requests		•
Name Change Request		
Document Request	Related Registration *	Select V
Other Pharmacy Registrations	Forms / Documentation (if applicable)	1 Choose File
Professional Liability Insurance		
Invoices & Receipts	Recipient Information	
Account Settings	Decisiont Tune 🛎	Select
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5. Select the appropriate registration from the Related Registration drop-down field.

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Professional Development	Requested Document *	Letter of Standing ~
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Name Change Request	Related Registration *	Select
Document Request		Select
ther Pharmacy Registrations	Forms / Documentation (if applicable)	Julie Bortdy - Pharmanist
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voices & Receipts	Recipient Information	
ccount Settings	Recipient Type *	Select v
	Organization Name	
	Street Address 1 *	
	City *	

6. Select "Regulatory Authority" from the *Recipient Type* drop-down field.

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NEWFOUNDLAND & LABRADOR		
Home	Document Request	
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Employment Information	Note: All information with a red asterisk (*) i	is required.
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Registration	man or pickup.	
Document Upload	Document Request	
Professional Development	Requested Document *	Letter of Standing ~
Registration Renewal		
Authorizations	Details / Notes	Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com
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Document Request	Related Registration *	Julie (Koduy + Friannaus)
Other Pharmacy Registrations	Forms / Documentation (if applicable)	1 Choose File
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Invoices & Receipts	Recipient Information	
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	Organization Name	Select
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7. Enter the Regulatory Authority's name in the *Organization Name* text box.

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Registrant Information	Note: All information with a red asterisk (*)	is required.
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Registration Renewal		
Authorizations	Details / Notes	Please send an additional copy to ABC College of Pharmacy at into@abcpharmacy.com
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Name Change Request	Related Registration *	Julie Reddy - Pharmacist
Document Request		
Other Pharmacy Registrations	Forms / Documentation (if applicable)	± Choose File
Professional Liability Insurance		
nvoices & Receipts	Recipient Information	
Account Settings	Recipient Type *	Regulatory Authority ~
	Organization Name	XY Province College of Pharmacy

8. Enter the recipient's street address in the *Street Address 1* text box.

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E V NEWFOUNDLAND & LABRADOR		
Home	Document Request	
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Employment Information	Note: All information with a red asterisk (*) is require	ed.
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Name Change Request	Related Registration *	Julie Reddy - Pharmacist
Document Request	·	
Other Pharmacy Registrations	Forms / Documentation (if applicable)	
Professional Liability Insurance		
Invoices & Receipts	Recipient Information	
Account Settings	Recipient Type *	Regulatory Authority ~
	Organization Name	XY Province College of Pharmacy
	Street Address 1 *	1 Main Street
	City *	



9. Enter the recipient's city in the *City* text box.

NEWFOUNDLAND & LABRADOR			
Home	Document Request		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is	required.	
Certificate of Registration	If you are requesting the document for yourself, please	enter your contact details in the recipient's information. Please indicate in the notes your delivery preference of either e-mail, reg	ular
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Name Change Request	Palated Panistration *	Julie Reddy - Pharmacist	
Document Request	Related Registration -		
Other Pharmacy Registrations	Forms / Documentation (if applicable)	Choose File	
Professional Liability Insurance			
Invoices & Receipts	Recipient Information		
Account Settings	Recipient Type *	Regulatory Authority ~	
	Organization Name	XY Province College of Pharmacy	
	Street Address 1 *	1 Main Street	
	City *	Motro Citu	

10. Select the recipient's country in the *Country* drop-down field.

Name Change Request	Related Registration *	Julie Reddy - Pharmacist
Document Request	Netaleu Negistration -	
Other Pharmacy Registrations	Forms / Documentation (if applicable)	1 Choose File
Professional Liability Insurance		
Invoices & Receipts	Recipient Information	
Account Settings	Recipient Type *	Regulatory Authority ~
	Organization Name	XY Province College of Pharmacy
	Street Address 1 *	1 Main Street
	City *	Metro City
	Country *	Select v
	Province/State *	Select
		Canada
	Postal/Zip Code *	Canada United States of America
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	Postal/Zip Code *	Canada United States of America Abkhazia Afshanistan
	Postal/Zip Code * Telephone * Recipient's Email *	Canada United States of America Abkhazia Afehanistan
	Postal/Zip Code * Telephone * Recipient's Email * Fee Breakdown	Canada United States of America Abkhazia Afrohanistan *
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	Postal/Zip Code Telephone Recipient's Email Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST	Canada United States of America Abkhazia Afrihanistan Anount St08.12 St02.2
	Postal/Zip Code * Telephone * Recipient's Email * Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST Total	Canada United States of America Abkhazia Afrihanistan Afrihanistan Amount Stota 12 Stota 12 Stota 12 Stota 23 Stata 4



11. If you selected "Canada" or "United States of America" in the *Country* drop-down field, select the recipient's province or state from the *Province/State* dropdown field. Otherwise, type the recipient's province or state in the *Province/State* text box.

Authorizations	Details / Notes	Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com		
Requests			© ,	
Name Change Request	Polated Projectation *	Julie Reddy - Pharmacist	~	
Document Request	Related Registration *			
Other Pharmacy Registrations	Forms / Documentation (if applicable)	± Choose File		
Professional Liability Insurance				
Invoices & Receipts	Recipient Information			
Account Settings	Recipient Type *	Regulatory Authority	~	
	Organization Name	XY Province College of Pharmacy		
	Street Address 1 *	1 Main Street		
	City *	Metro City		
	Country *	Canada	~	
	Province/State *	Select	~	
	Postal/Zip Code *	Select	*	
		Alberta		
	Telephone *	British Columbia		
	Recipient's Email *	Manitoba		
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	Fee Breakdown			
	Invoice Item		Amount	
	Issuing a "Letter of Standing"		\$108.12	
	HST		\$16.22	

12. Enter the recipient's postal code or zip code in the Postal/Zip Code text box.

	Details / Notes	Please send an additional copy to ABC College of Pharmacy at info@abcoharmacy.com	
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Name Change Request		lulia Raddu - Bharmaeist	
Document Request	Related Registration *	Jule Reduy - Fhamada	~
Other Pharmacy Registrations	Forms / Documentation (if applicable)	2. Choose File	
Professional Liability Insurance			
Invoices & Receipts	Recipient Information		
Account Settings	Recipient Type *	Regulatory Authority	~
	Organization Name	XY Province College of Pharmacy	
	Street Address 1 *	1 Main Street	
	City *	Metro City	
	Country *	Canada	~
	Province/State *	Alberta	~
	Postal/Zip Code *	A1A 1A1	
	Telephone *		
	Recipient's Email *		
	Fee Breakdown		
	Invoice Item		Amount
	Issuing a "Letter of Standing"		\$108.12
	HST		\$16.22



13. Enter the recipient's 10-digit telephone number in the *Telephone* text box.

Authorizations	Details / Notes	Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com		
Requests			© ,	
Name Change Request	Related Registration *	Julie Reddy - Pharmacist	~	
Document Request				
Other Pharmacy Registrations	Forms / Documentation (if applicable)	Choose File		
Professional Liability Insurance				
Invoices & Receipts	Recipient Information			
Account Settings	Recipient Type *	Regulatory Authority	~	
	Organization Name	XY Province College of Pharmacy		
	Street Address 1 *	1 Main Street		
	City *	Metro City		
	Country *	Canada	~	
	Province/State *	Alberta	~	
	Postal/Zip Code *	A1A 1A1		
	Telephone *	(780) 555-5555		
	Recipient's Email *			
	Fee Breakdown			
	Invoice Item		Amount	
	Issuing a "Letter of Standing"		\$108.12	
	HST		\$16.22	

14. Enter the recipient's email address in the *Recipient's Email* text box.

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Authorizations	Details / Notes	Frease serio an auditional copy to ABC College of Pharmacy at intolgraphphamaCy.com		
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Name Change Request	Related Registration *	Julie Reddy - Pharmacist	~	
Document Request				
Other Pharmacy Registrations	Forms / Documentation (if applicable)	2 Choose File		
Professional Liability Insurance				
Invoices & Receipts	Recipient Information			
Account Settings	Recipient Type *	Regulatory Authority	~	
	Organization Name	XY Province College of Pharmacy		
	Street Address 1 *	1 Main Street		
	City *	Metro City		
	Country *	Canada	~	
	Province/State *	Alberta	~	
	Postal/Zip Code *	A1A 1A1		
	Telephone *	(780) 555-5555		
	Recipient's Email *	info@xycop.ca		
	Fee Breakdown			
	Invoice Item		Amount	
	Issuing a "Letter of Standing"		\$108.12	
	HST		\$16.22	



15. The *Fee Breakdown* summarizes the fees applicable to the request. Select either *Cheque*, *Credit Card*, or *Money Order* from the *Method of Payment* drop-down field. Please note credit cards will be processed online, while cheques or money orders must be sent to the address provided. Letters of Standing will not be processed until full payment has been received.

Street Address 1 *	1 Main Street	
City *	Metro City	
Country *	Canada	~
Province/State *	Alberta	~
Postal/Zip Code *	A1A 1A1	
Telephone *	(780) 555-5555	
Recipient's Email *	info@xycop.ca	
Fee Breakdown		
Fee Breakdown Invoice Item		Amount
Fee Breakdown Invoice Item Issuing a "Letter of Standing"		Amount \$108.12
Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST		Amount \$108.12 \$16.22
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Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST Total Method of Payment *	Select	Amount \$108.12 \$16.22 \$124.34
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Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST Total Method of Payment *	Select Select Cheque Credit Card	Amount \$108.12 \$16.22 \$124.34
Fee Breakdown Invoice Item Issuing a "Letter of Standing" HST Total Method of Payment *	Select Select Cheque Credit Card Money Order	Amount \$108.12 \$16.22 \$124.34

16. Click the *Pay by...* button to proceed with payment and submit your application.

Province/State *	Alberta	~
Postal/Zip Code *	A1A 1A1	
Telephone *	(780) 555-5555	
Recipient's Email *	info@xycop.ca	
Fee Breakdown		
Invoice Item	Ar	mount
Issuing a "Letter of Standing"	\$1	108.12
HST	S	\$16.22
Total	\$1	124.34
Method of Payment *	Cheque	~
Amount Due	\$124.34	
Cheque/money order Payment If paying by cheque, make payment payable to:		
Newfoundland and Labrador Pharmacy Board Suite 201 145 Kelsey Drive St. John's, NLA1B 0L2		
Pay By Chequelmoney order >		



17. You will receive an email to confirm that your request has been submitted. Please allow 5-7 business days for your request to be processed. Please check with the designated recipient to confirm they have received the letter of standing.

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rofile	✓ Submitted	
Registrant Information		
Employment Information	Thank you for completing your document request. If you have questions about your request, please e-mail us at registration@nlpb.ca.	
Certificate of Registration	For payments, please visit the Invoices & Receipts section on the menu.	
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Document Upload		
Professional Development		
Registration Renewal		
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