



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
Website [www.nlpb.ca](http://www.nlpb.ca)

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Fax (709) 753-8615  
e-mail [licensing@nlpb.ca](mailto:licensing@nlpb.ca)

## Pharmacy Owner Certification

### Pharmacist-in-Charge:

\_\_\_\_\_  
Name of Proposed Pharmacist-in-Charge

\_\_\_\_\_  
Pharmacist-in-Charge Registration #

### Pharmacy Name:

\_\_\_\_\_  
Pharmacy Operating Name

\_\_\_\_\_  
Incorporated Business Name

### Owner / Shareholder Information:

*All persons who are shareholders (except for publicly traded companies), directors, partners, or individual owners must provide their name, profession, address, contact information and signature acknowledging the following certification:*

### Owner/Shareholder Certification:

- I understand that the owners and pharmacist-in-charge are responsible for ensuring that the Pharmacy complies with all relevant legislation, regulations, bylaws, and standards of practice established by the Newfoundland and Labrador Pharmacy Board .
- I understand that, pursuant to the *Pharmacy Act, 2012*, no person “other than a pharmacist-in-charge shall direct, control or manage a pharmacy”.
- I understand that it is an offence to contravene the *Pharmacy Act, 2012*.
- I will not interfere with the direction, control or management of the Pharmacy.

1.

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner Profession

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I acknowledge the Owner/Shareholder Certification as outlined in this form

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date Signed

2.

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner Profession

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I acknowledge the Owner/Shareholder Certification as outlined in this form

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date Signed

3.

Owner Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

4.

Owner Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

5.

Owner Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed