

## **Newfoundland & Labrador Pharmacy Board**

Suite 201 – 145 Kelsey Drive St. John's, NL, A1B 0L2 Website <a href="https://www.nlpb.ca">www.nlpb.ca</a> Telephone (709) 753-5877 or 1-877-453-5877 (toll free) Fax (709) 753-8615
e-mail registration@nlpb.ca

## Request to Re-Register as a Pharmacy Technician in Newfoundland and Labrador (in accordance with the NLPB Interpretation Guide - Requirements for Re-Registration in Newfoundland and Labrador

Demographic					
Information:	Last Name	First Name & Middle Initial			
	Maiden Name (if applicable)	Date of Birth (DD/MM/YYYY)			Gender
Contact Information:	Email Address	<del></del>	Phone Number		
Mailing	Littuii / ddi 655	·	none rumber		
Address:	Street Address (or P.O. Box)		City/Town		
	Province	Postal Code			
When were you last registered in Newfoundland and Labrador?			Month/Year (if known) Registration # (if		
Are you currently registered as a pharmacy technician in another jurisdiction			on?	☐ Yes	□ No
-	e provide details below (or on an additional sheet, if neo	-		□ 163	□ N0
Jurisdiction Registration #			Registration Expiry Date Category of Registration		
	ration <u>currently</u> restricted, suspended or revoked in e attach all pertinent details)	any other	jurisdiction?	☐ Yes	□ No
Has your registration $\underline{\text{ever been}}$ restricted, suspended, or revoked in any other jurisdiction (If "Yes", please attach all pertinent details)				☐ Yes	□ No
If "Ye	es", are you currently eligible to practice pharmacy	in that juris	sdiction?	☐ Yes	□ No
Have you been engaged in the practice of pharmacy for a minimum of four hundred and twenty (420) hours in the last two calendar years?			hundred and	☐ Yes	□ No
	t you may be required to provide verification of such, upon re	•			
When do you wish to be re-registered in Newfoundland and Labrador?  Please allow a minimum of 10 business days from the date of submission.				Estimated Date or Month	
By signing belo	ow, I certify that:				
	the NLPB Policy on Collection, Use and Disclosure of ase of personal information in accordance with this policy.		'Information and co	nfirm that I c	onsent
	nd that I am not eligible to practice as a pharmacy tech eted the registration process and have received notifica-				
A 1' (C'			2.1.0:		
Applicant Sign	lature	L	Date Signed		