



# Newfoundland & Labrador Pharmacy Board

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## Application to Offer Central Fill Services

(in accordance with the NLPB Policy - Centralized Prescription Processing)

### Pharmacy

#### Information:

\_\_\_\_\_  
Pharmacy Name Pharmacy Licence Number

\_\_\_\_\_  
Name of Pharmacist-in-Charge Pharmacist-in-Charge Registration Number

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Anticipated Central Fill Service Start Date

**Please provide details pertaining to the type of central fill services to be offered (i.e. compliance packaging, compounding, personal care homes, etc.) and the anticipated scope of the service (anticipated number of pharmacy agreements, etc.)**

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### By signing below, I certify that:

- The information provided on this application is correct and, as such, make application to offer centralized prescription processing services, in accordance with the *NLPB Policy – Centralized Prescription Processing (Central Fill)*.
- I have enclosed a complete policy and procedure manual, as described in the Policy.
- I understand that, in accordance with the *NLPB Policy*, prior to initiating centralized prescription processing services, I must ensure that there is a written agreement in place between my pharmacy (the “central fill” pharmacy) and the pharmacy to which I am providing the service (the “originating” pharmacy) and that the originating pharmacy must also be provided with a copy of the policy and procedure manual.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

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