



Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
St. John's, NL, A1B 0L2
Website www.nlpb.ca

Telephone
Fax
e-mail

(709) 753-5877 or 1-877-453-5877 (toll free)
(709) 753-8615
registration@nlpb.ca

Application to Register for the NLPB Pharmacist Internship

Candidate Information:

_____	_____	_____
Last Name	First Name & Middle Initial	
_____	_____	_____
Street Address (or P.O. Box)	City/Town & Province	Postal Code
_____	_____	_____
Phone Number	Email Address	

Proposed Preceptor Information:

_____	_____	_____
Last Name	First Name & Middle Initial	Registration #
_____	_____	_____
Phone Number	Email Address	
_____	_____	_____
Pharmacy Name	Pharmacy Address	

When do you wish to start the internship? (allow at least 7 business days): _____

Candidate Certification:

- I have read and understand the relevant NLPB *Practical Training Requirements for Registration as a Pharmacist*¹.
- I am registered as a Pharmacy Intern with NLPB.
- I understand that I may not begin the internship until I receive notification from NLPB that this application has been approved and that credit will not be given for time served prior to this application being approved.
- I understand that, to receive credit for completing the internship, it is my responsibility to ensure that the final documentation, including the evaluation form are submitted to NLPB following the completion of the internship.

Preceptor Certification:

- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacist*¹.
- I have received authorization from NLPB to act as a preceptor.
- I recognize that the intent of this internship is to familiarize the candidate with the day-to-day practice of pharmacy and that I am responsible for ensuring that adequate oversight and supervision is provided to the candidate.
- I understand that it is my responsibility to ensure that the activities in the manual are adequately completed.
- I recognize that my appraisal of the candidate's competency to perform the duties and responsibilities of a pharmacist plays an important role in the NLPB's determination of their eligibility for registration as a pharmacist.
- I agree to submit the completed evaluation form to NLPB within one week of the completion of the internship.

Candidate Signature

Preceptor Signature

Date

Date

¹ Available on the [Register as a Pharmacist page](#) of the NLPB website.