



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 Pharmacy Technician Practical Training Program

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 #
_____	_____	
Email Address	Preferred Phone #	
_____	_____	
Pharmacy Name	Pharmacy Address	

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

Candidate Certifications:

- I have not been found guilty or convicted of an offence under any provincial or federal statute of Canada or another country.
- I am not the subject of a current proceeding relating to an offence under any provincial or federate statute in Canada or another country.
- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacy Technician*¹.
- I have included an official transcript or diploma indicating graduation from a CCAPP-accredited pharmacy technician educational program with this application.
- I understand that I may not begin the practical training period 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 practical training program, it is my responsibility to ensure that the final documentation including the evaluation form are submitted to NLPB following the completion of the program.
- I have included payment information for the appropriate fee in accordance with the *NLPB Schedule of Fees*.

Preceptor Certifications:

- I have read and understand the NLPB *Practical Training Requirements for Registration as a Pharmacy Technician*¹.
- I have received authorization from NLPB to act as a preceptor.
- I recognize that the intent of this practical training program 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 pharmacy technician plays an important role in NLPB's determination of their eligibility for registration as a pharmacy technician.
- I agree to submit the completed evaluation form to NLPB within one week of the completion of the program.

Candidate Signature

Preceptor Signature

Date Signed

Date Signed

Fee Paid By: Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

Card # Expiry Date CVV # (on back of card)

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