



# Newfoundland & Labrador Pharmacy Board

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## Application for Pre-Registration as a Pharmacy Technician

*(for current students of Canadian CCAPP-accredited pharmacy technician education programs)*

### Candidate Information:

Last Name		First Name & Middle Initial	
Maiden Name (if applicable)	Date of Birth (DD/MM/YYYY)	Gender	
Street Address (or P.O. Box)		City/Town & Province	Postal Code
( )	( )	Email Address	
Home Phone Number	Cell Phone Number		

Are you currently registered in a Canadian CCAPP-accredited Pharmacy Technician Education Program?

Yes  No

If Yes, please give:

- the name of the school: \_\_\_\_\_
- its location: \_\_\_\_\_
- your anticipated date of graduation: \_\_\_\_\_

Have you ever been convicted of an offence under any provincial or federal laws?

Yes  No

If Yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is complete and correct and recognize that providing false or incomplete information on this application may affect my ability to become registered.

Applicant's Signature

Date Signed