



Newfoundland & Labrador Pharmacy Board

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St. John's, NL, A1B 0L2
Website www.nlpb.ca

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

Application for Registration as a Pharmacy Intern

Demographic Information:

Last Name First Name & Middle Initial

Maiden Name (if applicable) Date of Birth (DD/MM/YYYY) Gender

Contact Information:

Email Address Phone Number

Mailing Address:

Street Address (or P.O. Box) City/Town

Province Postal Code

Academic Information:

Name of Pharmacy Degree University / College Attended Date of Graduation

Pharmacists' Gateway IPG National ID:

(applicable only to international pharmacy graduates)

Pharmacy Examining Board of Canada Evaluating Exam Status:

(applicable only to international pharmacy graduates)

Date Completed (DD/MM/YYYY)

Pharmacy Examining Board of Canada Qualifying Exam Status:

(if completed)

Date Completed (DD/MM/YYYY) Registration #

How many hours of structured practical training have you already completed in Canada, NOT INCLUDING any time completed as part of your pharmacy degree?

Have you ever been found guilty or convicted of an offence under any provincial or federal statute in Canada or another country? (If "Yes," please attach details)

Yes No

Are you the subject of a current proceeding relating to an offence under any provincial or federal statute in Canada or another country? (If "Yes," please attach details)

Yes No

By signing below, I certify that:

- The information contained in this application is complete and correct and I recognize that providing false or incomplete information on this application may be cause for revocation of registration.
- I will provide the Registrar with the details of any of the following that occur or arise after my registration:
 - A charge relating to an offence under any provincial or federal statute in Canada or another country.
 - A finding of guilt or conviction in relation to an offence under any provincial or federal statute in Canada or another country.
- I will abide by the requirements of the Pharmacy Act, its Regulations, and the Bylaws, Standards of Pharmacy Operation and Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- I have read the NLPB Policy, *Collection, Use and Disclosure of Registrants' Information* and confirm that I consent to the release of personal information in accordance with this policy.
- I have met the requirements of NLPB's *English Language Proficiency Requirements for Registration (only applicable to international pharmacy graduates)*.

- I have provided:
 - A professional liability insurance coverage certificate, indicating current coverage in accordance with NLPB's *Professional Liability Insurance Requirements for Registration*. I understand that I am responsible for ensuring that this coverage is maintained throughout the year.
 - Photo identification in accordance with NLPB's *Photo Identification Requirements for Registration*.
- I have arranged for the following to be sent directly to the NLPB office:
 - An official transcript or original diploma indicating graduation from a CCAPP-accredited pharmacy program.
 - A Letter of Standing from the pharmacy regulatory authority in any province where structured practical training was completed verifying the number of hours completed.
 - A certificate of conduct, issued in accordance with NLPB's *Certificate of Conduct Requirements for Registration*.
- I have included payment information for the current Pharmacy Inten Registration fee, as indicated in the NLPB *Schedule of Fees*.

Applicant's Signature

Date Signed

Fee Paid By: <input type="checkbox"/> Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
Please Print Full Name on Card: _____		
Card #	Expiry Date	CVV # (on back of card)