



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
Website [www.nljb.ca](http://www.nljb.ca)

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)  
Fax (709) 753-8615  
e-mail [registration@nljb.ca](mailto:registration@nljb.ca)

## Application for Registration as a Pharmacy Technician in Newfoundland and Labrador

### 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:

\_\_\_\_\_  
CCAPP-Accredited College Attended Province Date of Graduation

### Pharmacy Examining Board of Canada Qualifying Exam Status:

\_\_\_\_\_  
Date Completed (DD/MM/YYYY) Registration #

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

If you **ARE CURRENTLY, OR WERE PREVIOUSLY**, registered as a pharmacy technician in another jurisdiction, please provide details below:

\_\_\_\_\_  
Jurisdiction Registration # Registration Expiry Date Category of Registration

Is your registration **currently** restricted, suspended or revoked in any other jurisdiction? (If "Yes", please attach details)  Yes  No

Has your registration **ever been** restricted, suspended, or revoked in any other jurisdiction? (Please attach all pertinent details)  Yes  No

If "Yes", are you currently eligible to practice in that jurisdiction?  Yes  No

### Please provide details regarding where you will be practicing in NL:

Category:  Administrative  Community  Hospital  Relief

Pharmacy/Employer Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Anticipated # hours per week: \_\_\_\_\_

**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 NLPB's *Policy on 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.
  - Government-issued 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 technician program (*not applicable to applicants relocating from another province in Canada*).
  - A Letter of Standing from any pharmacy regulatory authority with which I am currently, or was formerly, registered.
  - 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 Technician Registration fee, as indicated in the NLPB *Schedule of Fees*.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
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)