



Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
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 Initial Registration as a Pharmacy Student

(To be completed by students enrolled in an accredited Canadian Pharmacy Program)

Demographic Information:

Last Name First Name & Middle Initial

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

Contact Information:

University Email Address Phone Number

Mailing Address:

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

University: _____ Expected Year of Graduation: _____

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 relating 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
- For MUN School of Pharmacy Students: I understand and agree that the MUN School of Pharmacy has the right to notify the NLPB of any change in my status as a Pharmacy Student.
- 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.
 - A certificate of conduct, issued in accordance with NLPB's *Certificate of Conduct Requirements for Registration*.
 - Photo identification in accordance with NLPB's *Photo Identification Requirements for Registration*.
 - Payment information for the current Student Registration fee, as indicated in the NLPB *Schedule of Fees*.

Applicant's 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)