



Newfoundland & Labrador Pharmacy Board

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Request for Temporary Closure of a Community Pharmacy

(in accordance with the NLPB Policy - Temporary Pharmacy Closure)

Pharmacy Information:

Pharmacy Name	Pharmacy Licence Number
Name of Pharmacist-in-Charge	Pharmacist-in-Charge Registration Number
Email Address	Phone Number
Anticipated Start Date of Closure	Anticipated Reopening Date

Special Services:

Identify any special services provided by the pharmacy and indicate what measures have been taken to ensure patients' needs will be addressed during the closure:

Security Plan:

Indicate briefly how the pharmacy premises and contents will be secured during the closure:

By signing below, I certify that:

- The information contained in this application is complete and correct and, as such, make application to temporarily close this pharmacy.
- Upon approval of this application, a notice that meets the conditions laid out in the policy will be posted in a prominent location at the front entrance to the pharmacy and at the dispensary counter.
- In accordance with the *NLPB Policy - Temporary Pharmacy Closure*, patients will be contacted to pick up prepared prescriptions.
- I will notify NLPB upon reopening, as well as if there are any changes to the above noted timeframe.

Pharmacist-in-Charge Signature

Date Signed

Please submit this form at least 30 days in advance of anticipated start date of temporary closure