



Newfoundland & Labrador Pharmacy Board

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Letter of Standing

To be completed by the applicant's current pharmacy regulatory authority

Applicant Demographic Information:

Last Name First Name & Middle Initial Date of Birth (DD/MM/YYYY)

Street Address (or P.O. Box)

City/Town & Province Postal Code Country

Pharmacy Regulatory Authority Information:

Name

Street Address (or P.O. Box)

City/Town & Province Postal Code Country

Applicant Registration Information:

Date of Initial Registration with Regulatory Authority Expiry date of Current Registration with Regulatory Authority Current Category/Class of Registration

Applicant's Registration # Applicant's PEBC # (if applicable)

Is the applicant currently authorized to perform/participate in any expanded scopes of practice? Yes No

If yes, please describe: _____

Has the applicant met any and all requirements for professional development? Yes No

If no, please provide details: _____

Are there currently any terms, conditions or limitations attached to the applicant's registration? Yes No

If yes, please describe: _____

Is there a history of any previous disciplinary finding on record? Yes No

If yes, please describe: _____

Is the applicant currently the subject of any outstanding complaints or disciplinary proceedings? Yes No

If yes, please describe: _____

Certification: I certify the above information to be complete and correct.

Name of Authorized Person Signature of Authorized Person Date Signed