

NLPB Registrant Portal

User Guide

Adding/Updating Employment Information

Updated October 24, 2022



1. Log into the <u>NLPB Registrant Portal</u>.

2. Once you have logged into your profile, click on *Employment Information* on the side menu.

Home	Home				
Profile					
Registrant Information					
Employment Information	Your Information				
Certificate & Pocket Card	First Name		Last Name	Middle N	ame
Registration	Julie		Reddy		
Document Upload	Telephone		Email		
Professional Development	(709) 555-5555		jreddy@nlpb.ca		
Registration Renewal			1.1.0		
Authorizations					
Requests					
Name Change Request	Registrations				
Document Request	Desistantian Tran	Desistation Number	Desistantian Otatua	Desistanting Effective Data	Deviatedian Evolution Data
Other Pharmacy Registrations	Registration type	Registration Number	Registration Status	Registration Ellective Date	Registration Expiration Date
Professional Liability Insurance	Pharmacy Technician	99-P19999	Active	01/01/2022	01/01/2023
Invoices & Receipts					
Account Settings					
	Outstanding Invoices				



3. To edit an employment record, click the *Update* button next to the record. To add a new employment record, click the + Add New Employment link.

Please note: If you no longer work with an employer, ensure you add an Employment End Date to the record.

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Prefix Registration Cardinata & Packet Cardi Registration Registration Researd Registration Researd Athorizations Registration Researd Contrad Registration Document Lydiad Athorizations Registration Researd Registration Researd Registration Researd Contrad Registration Researd Researd Registration Resea	Home	Employment Information				
Engloyeent Mormation Engloyeent Mormation Engloyeent Mande Engloyeent Mande Engloyeent Mande Registration No 03/15/2021 NA Udata Jocument Valdad	Profile Registrant Information	Your employment history is listed below, includi	ng your employment since registering wi	th NLPB and any sites you have state	ed you intend to practise.	
Registration + Add New Employment Professional Development + Add New Employment Registration Reneval - Authorizations - Registration Reneval - Jocument Upload - Other Pharmacy Registrations - Professional Liability Insurance - Invoices & Receipts - Account Settings -	Employment Information Certificate & Pocket Card	Employer Name NLPB, 145 Kelsey Drive, St. John's	Primary Employment	Employment Start Date 03/15/2021	Employment End Date	
Professional Development Reguests Obser Pharmacy Registrations Professional Lability Insurance Invoices & Receipts Account Settings	Registration Document Upload		+A	dd New Employment		
Authorizations Requests Name Change Request Document Request Other Pharmacy Registrations Professional Lability Insurance Invoices & Receipts Acount Settings	Professional Development Registration Renewal					
Name Change Request Document Request Other Pharmacy Registrations Professional Lability Insurance Involces & Receipts Account Settings	Authorizations Requests					
Other Pharmacy Registrations Professional Liability Insurance Involces & Receipts Account Settings	Name Change Request Document Request					
Involces & Receipts Account Settings	Other Pharmacy Registrations					
Account Settings	Invoices & Receipts					
	Account Settings					



4. Select a Pharmacy from the *Employer Name* drop-down field or select 'Other' if your employer is not in the list. *Please note, if you select 'Other', you will be required to add the employer's name and address in the fields provided.*

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ST NEWFOUNDLAND & LABRADOR			
v			
Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is required	L	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Select	~
Professional Development		Select	Ê
Registration Renewal	Employment Type *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	
Authorizations	Position *	Avalon Drugs BR-423, 410-412 Conception Bay Highway, Bay Roberts	
Requests		Baccalieu Trail Pharmacy SB-308, Spaniard's Bay	
Name Change Request		Raccalieu Trail Pharmacy SR-307 Clarke's Reach	-
Document Request	Employment Information		
Other Pharmacy Registrations	Employment Start Date *		<u> </u>
Professional Liability Insurance	Employment End Date		#
Invoices & Receipts			
Account Settings	Employee's Phone *		
	Employee's Email *		
	Registration	Select	~
	Is this your primary employment? *	○ Yes ○ No	
	Related to Profession *	O Yee O No	_



5. Select the appropriate value from the Employment Type drop-down field.

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Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is requir	red.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select Other II your employer is not in the list	
Registration Renewal	Employment Type *	Select	~
Authorizations	Position *	Administrative	
Requests		Community	
Name Change Request	Employment Information	Hospital	
Document Request	Employment Start Date *	Relief	-
Other Pharmacy Registrations	Employment Start Date *		hand
Invoices & Receipts	Employment End Date		<u> </u>
Account Settings	Employee's Phone *		
	Employee's Email 🔻		
	Registration	Select	~
	Is this your primary employment? *	○ Yes ○ No	
	Polated to Profession *	O Yee O Ne	

6. Type in the title of your position with the employer in the *Position* field.

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PHARMACY BOARD			
Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk	(*) is required.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select "Other" If your employer is not in the list	
Registration Renewal	Employment Type *	Community	~
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request			
Document Request	Employment Information		
Other Pharmacy Registrations	Employment Start Date *		
			60
Professional Liability Insurance	Employment End Date		
Professional Liability Insurance Invoices & Receipts			
Professional Liability Insurance Invoices & Receipts Account Settings	Employee's Phone *		
Professional Liability Insurance Invoices & Receipts Account Settings	Employee's Phone *		
Professional Liability Insurance Invoices & Receipts Account Settings	Employee's Phone 🕈 Employee's Email 拳		
Professional Liability Insurance Invoices & Receipts Account Settings	Employee's Phone * Employee's Email * Registration	Select	~
Professional Liability Insurance Invoices & Receipts Account Settings	Employee's Phone * Employee's Email * Registration	Select	v



7. Click the calendar icon in the *Employment Start Date* field and select the date you began working with the employer.

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Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk	(*) is required.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Unload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select "Other" if your employer is not in the list	
Registration Renewal	Employment Type *	Community	~
Authorizations	Pacifian *	Staff Dharmany Tachnician	
Requests	I OSIGOT		
Name Change Request			
Document Request	Employment Information		
Other Bharmany Registrations	Employment Start Date *	09/05/2022	Ê
	inpoyment our our		
	Employment End Date	Su Mo Tu We Th Fr Sa	
	Employee's Phone *	28 29 30 31 1 2 3	
Account Settings		4 5 6 7 8 9 10	
	Employee's Email *	18 19 20 21 22 23 24	
	Registration	25 26 27 28 29 30 1	~
		2 3 4 0 0 7 8 Monday, October 24, 2022	
	Is this your primary employment? *		
	Related to Profession *	O Yes O No	

8. Type in your work phone number in the *Employee's Phone* field.

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Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is required.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select "Other" if your employer is not in the list	
Registration Renewal	Employment Type *	Community	~
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request			
Document Request	Employment Information		
Other Pharmacy Registrations	Employment Start Date *	09/05/2022	<u> </u>
Professional Liability Insurance	Employment End Date		<u>66</u>
Invoices & Receipts			
Account Settings	Employee's Phone *	(709) 555-5555	
	Employee's Email *		
	Registration	Select	~
	Is this your primary employment? *	○ Yes ○ No	
	Related to Profession *	O Yes O No	



9. Type in your work email address in the *Employee's Email* field.

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Home	Employment Information - Add		
Profile			
Registrant Information			
Employment Information	Note: All information with a red asterisk (*) is re	quired.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	×
Professional Development		Select "Other" if your employer is not in the list	
Registration Renewal	Employment Type *	Community	×
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request	Employment Information		
Document Request	Employment mormation		
Other Pharmacy Registrations	Employment Start Date *	09/05/2022	<u> </u>
Professional Liability Insurance	Employment End Date		<u></u>
Invoices & Receipts			
Account Settings	Employee's Phone *	(709) 555-5555	
	Employee's Email *	julie.reddy@pharmacy.ca	
	Registration	Select	~
	Is this your primary employment? *	O Yes O No	

10. Select your registration associated with the position from the Registration field.

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NP.			
Home	Employment Information - Add	1	
Profile		-	
Registrant Information			
Employment Information	Note: All information with a red asteri	isk (*) is required.	
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select "Other" if your employer is not in the list	
Registration Renewal	Employment Type *	Community	×
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request	Employment Information		
Document Request	Employment mormation		
Other Pharmacy Registrations	Employment Start Date *	09/05/2022	<u> </u>
Professional Liability Insurance	Employment End Date		*
Invoices & Receipts	Englandi Diana 🕈	(700) EEE EEEE	
Account Settings	Employee's Phone	(709) 555-5555	
	Employee's Email *	julie.reddy@pharmacy.ca	
	Registration	Select	~
	Is this your primary employment? *	Select	
	is this your primary employment? *	99-PT9999 - Pharmacy Technician	
	Related to Profession *		



11. Indicate whether this employment is your primary employment by selecting 'Yes' or 'No' from the *Is this your primary employment*? field.

Employment Information	Note: All information with a red asterisk (*) i	is required.	-
Certificate & Pocket Card			
Registration	Employer Information		
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	~
Professional Development		Select "Other" if your employer is not in the list	
Registration Renewal	Employment Type *	Community	~
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request			
Document Request	Employment Information		
Other Pharmacy Registrations	Employment Start Date *	09/05/2022	
Professional Liability Insurance	Employment End Date		<u> </u>
Invoices & Receipts			
Account Settings	Employee's Phone *	(709) 555-5555	
	Employee's Email *	julie.reddy@pharmacy.ca	
	Registration	99-PT9999 - Pharmacy Technician	~
	Is this your primary employment? *	● Yes 〇 No	
	Related to Profession *	○ Yes ○ No	
	< Cancel		Save & Back >
			Ŧ

12. Indicate whether this employment is related to your NLPB registration by selecting 'Yes' or 'No' from the *Related to Profession* field.

	Note: All information with a red asterisk	(*) is required.	
Employment Information	HOIE.	1 /	
Certificate & Pocket Card	Employer Information		
Registration			
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove	
Professional Development		Select "Other" il your employer is not in the list	
Registration Renewal	Employment Type *	Community	×
Authorizations	Position *	Staff Pharmacy Technician	
Requests			
Name Change Request			
Document Request	Employment Information		
Other Pharmacy Registrations	Employment Start Date *	09/05/2022	<u></u>
Professional Liability Insurance	Employment End Date		m
Invoices & Receipts			
Account Settings	Employee's Phone *	(709) 555-5555	
	Employee's Email *	julie.reddy@pharmacy.ca	
	Registration	99-PT9999 - Pharmacy Technician	~
	Is this your primary employment? *	● Yes ○ No	
	Related to Profession *	● Yes ○ No	
	< Cancel		Save & Back >



13. Click Save & Back to save the record and return to the Employment Information page.

Employment Information	Note: All information with a red asterisk (*) is required.					
Certificate & Pocket Card	Employer Information					
Document Upload	Employer Name *	Arnold's Cove Pharmacy AC-176, Arnold's Cove \sim				
Professional Development	Employment Type *	Select 'Other' if your employer is not in the list Community				
Authorizations	Position *	Staff Pharmacy Technician				
Requests						
Name Change Request Document Request	Employment Information					
Other Pharmacy Registrations	Employment Start Date *	09/05/2022				
Professional Liability Insurance	Employment End Date	÷				
Account Settings	Employee's Phone *	(709) 555-5555				
	Employee's Email *	julie.reddy@pharmacy.ca				
	Registration	99-PT9999 - Pharmacy Technician 🗸				
	Is this your primary employment? *	🖲 Yes 🔿 No				
	Related to Profession *	Yes O Nd				
	< Cancel	Save & Bac	ck>			

14. The new employment record will now appear in the Employment Information table.

PHARMACY BOARD							
Home	Employment Information						
Profile							
Registrant Information	Your employment history is listed below, including your emplo	syment since registering with NLPB	and any sites you have stated you ir	ntend to practise.			
Employment Information	Employer Name	Primary Employment	Employment Start Date	Employment End Date			
Certificate & Pocket Card	NLPB 145 Kelsev Drive St. John's	No	03/15/2021	N/A	Jupdate		
Registration		110	001012021				
Document Upload	Arnold's Cove Pharmacy AC-176, Arnold's Cove	Yes	09/05/2022	N/A	🖋 Update		
Professional Development							
Registration Renewal	+ Add New Employment						
Authorizations							
Requests							
Name Change Request							
Document Request							
Other Pharmacy Registrations							
Professional Liability Insurance							
Invoices & Receipts							
Account Settings							