

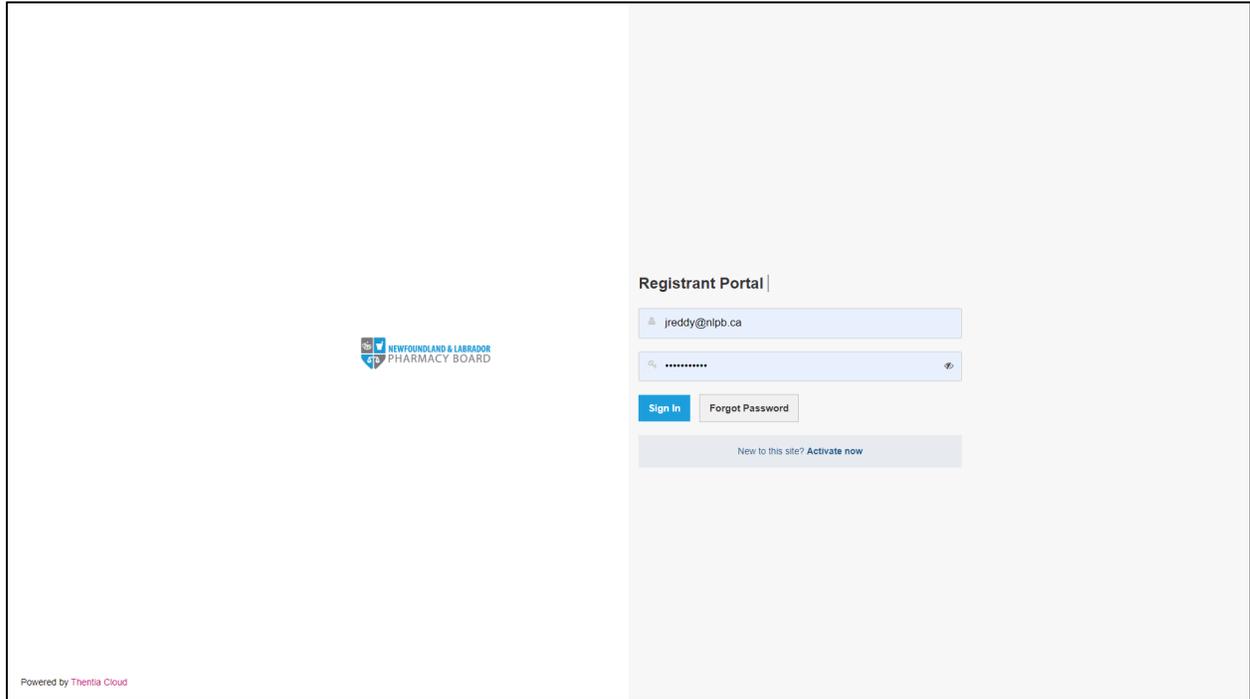
NLPB Registrant Portal

User Guide

Requesting a Letter of Standing

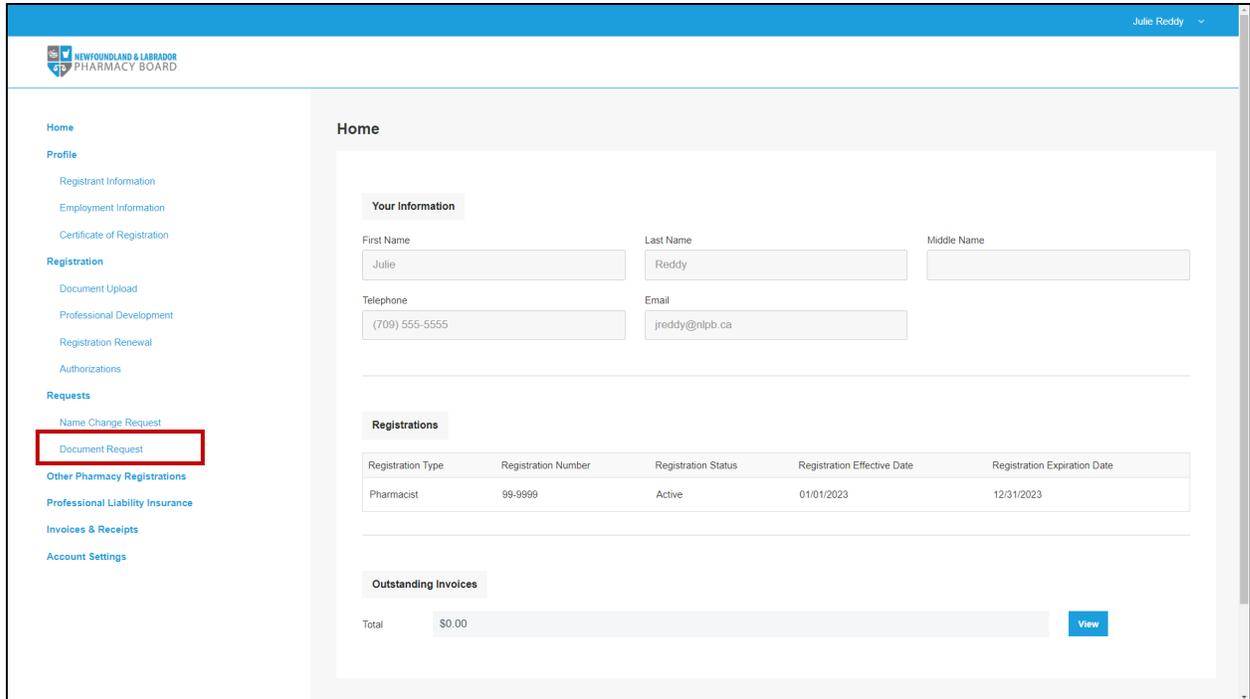
Updated June 5, 2023

1. Log into the [NLPB Registrant Portal](#).



Powered by Thentia Cloud

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



Julie Reddy

NEWFOUNDLAND & LABRADOR PHARMACY BOARD

Home

Profile

- Registrant Information
- Employment Information
- Certificate of Registration

Registration

- Document Upload
- Professional Development
- Registration Renewal
- Authorizations

Requests

- Name Change Request
- Document Request**

Other Pharmacy Registrations

- Professional Liability Insurance

Invoices & Receipts

- Account Settings

Home

Your Information

First Name: Julie
 Last Name: Reddy
 Middle Name:
 Telephone: (709) 555-5555
 Email: jreddy@nlpb.ca

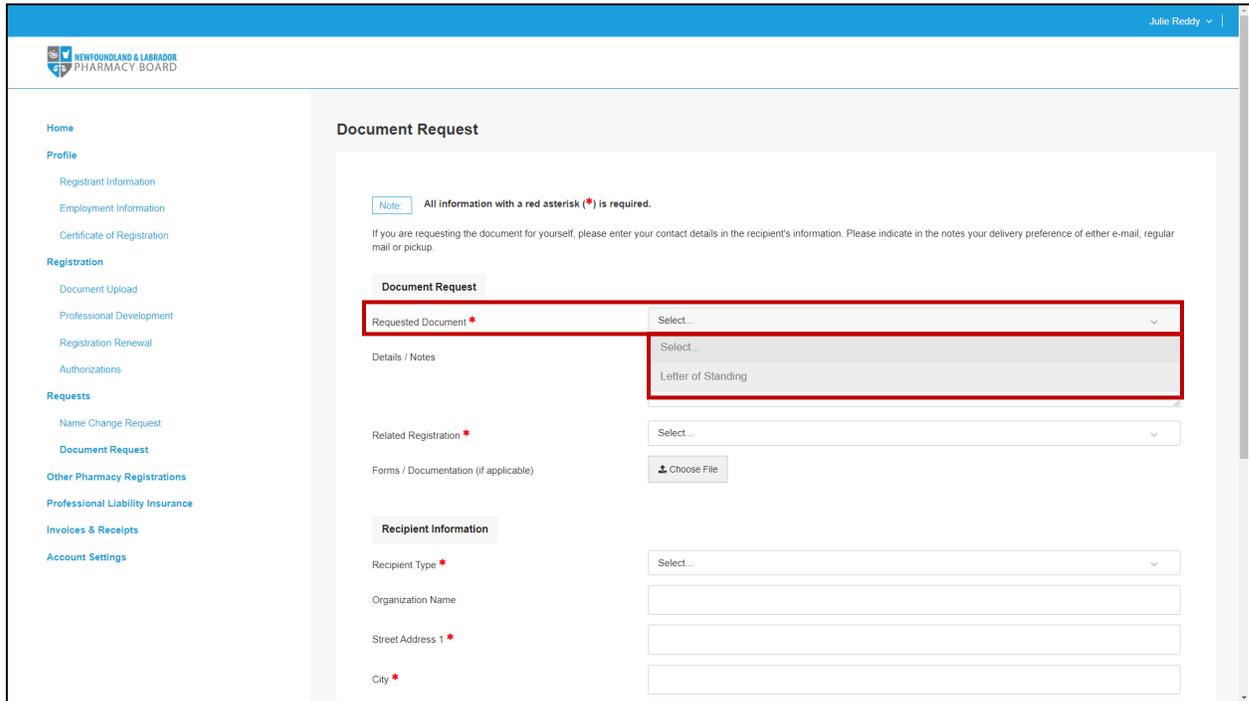
Registrations

Registration Type	Registration Number	Registration Status	Registration Effective Date	Registration Expiration Date
Pharmacist	99-9999	Active	01/01/2023	12/31/2023

Outstanding Invoices

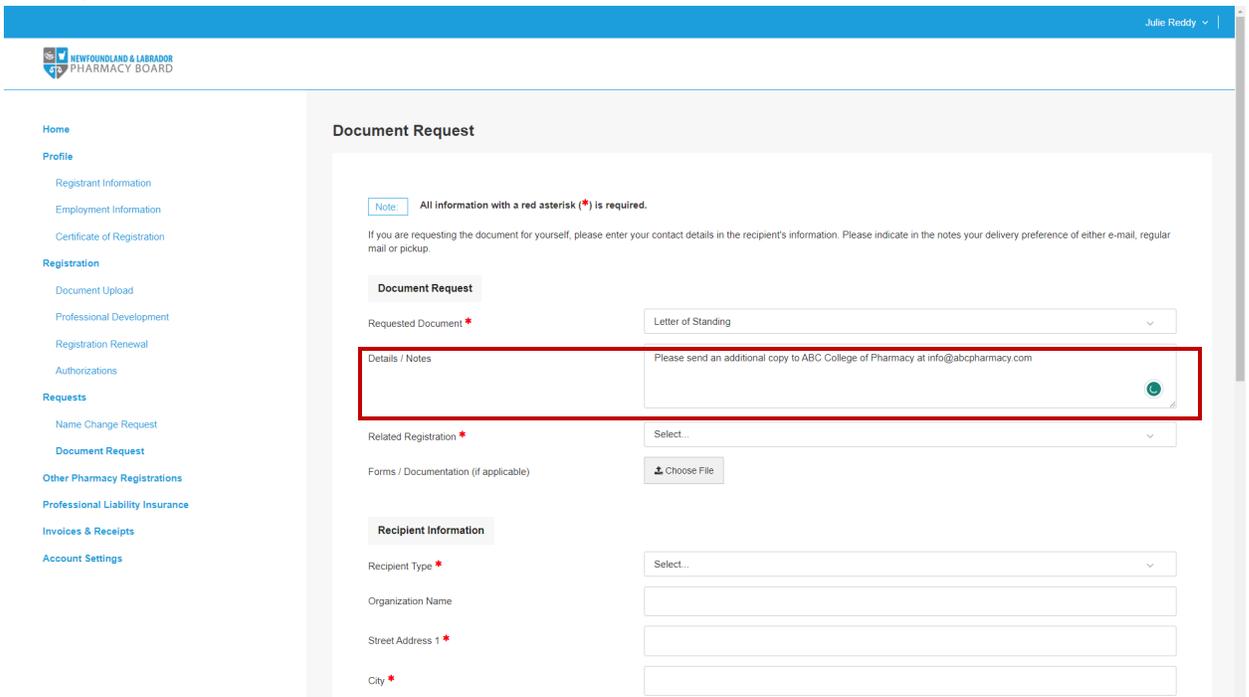
Total: \$0.00 [View](#)

3. Select "Letter of Standing" from the *Requested Document* drop-down field.



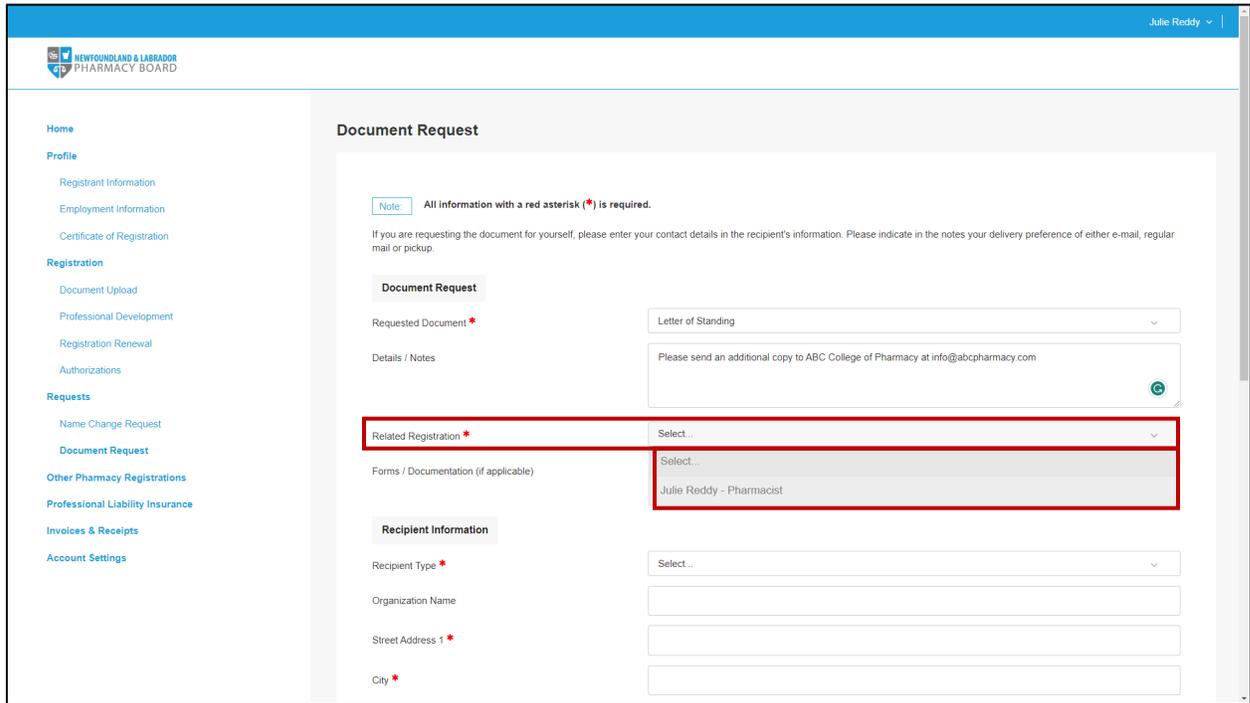
The screenshot shows the 'Document Request' form in the Newfoundland & Labrador Pharmacy Board system. The 'Requested Document' dropdown menu is open, and 'Letter of Standing' is selected. The 'Details / Notes' text area is also highlighted, indicating where to enter additional information.

4. Enter any additional details, such as additional recipients or additional recipient information, in the *Details/Notes* text box.



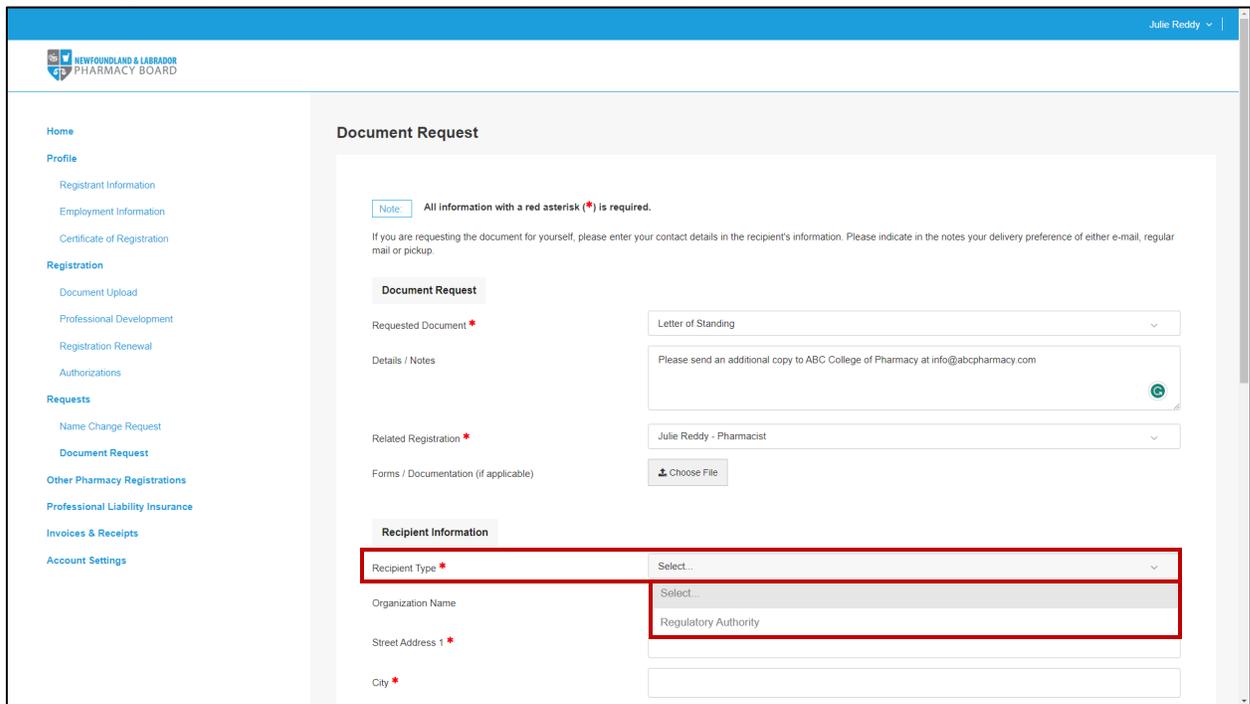
The screenshot shows the 'Document Request' form with the 'Requested Document' dropdown set to 'Letter of Standing'. The 'Details / Notes' text area is highlighted and contains the text: 'Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com'. The 'Recipient Information' section is visible below, with fields for Recipient Type, Organization Name, Street Address 1, and City.

5. Select the appropriate registration from the Related Registration drop-down field.



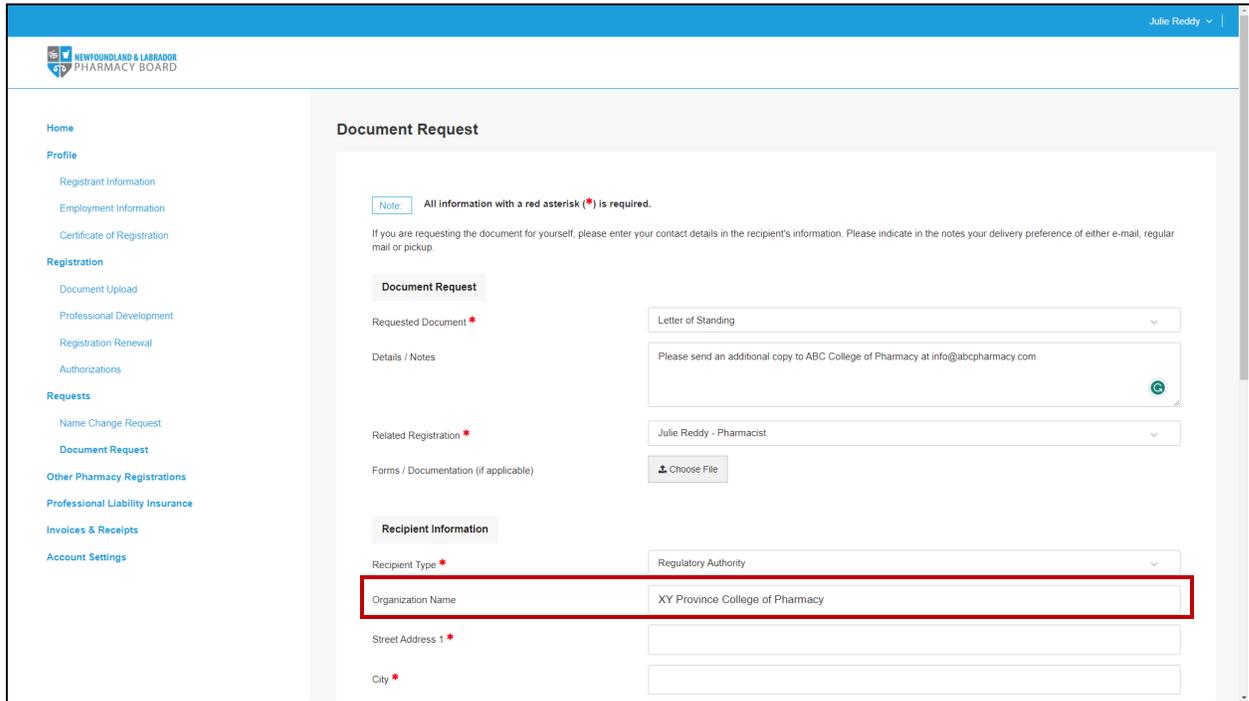
The screenshot shows the 'Document Request' form in the Newfoundland & Labrador Pharmacy Board system. The form includes a sidebar with navigation options like Home, Profile, Registration, and Requests. The main content area is titled 'Document Request' and contains a 'Note' stating that all information with a red asterisk (*) is required. Below the note, there are several fields: 'Requested Document' (set to 'Letter of Standing'), 'Details / Notes' (with a text area containing 'Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com'), 'Related Registration' (highlighted with a red box and set to 'Julie Reddy - Pharmacist'), 'Forms / Documentation (if applicable)', and 'Recipient Information' (with fields for Recipient Type, Organization Name, Street Address 1, and City). The 'Related Registration' field is a dropdown menu with 'Julie Reddy - Pharmacist' selected.

6. Select "Regulatory Authority" from the Recipient Type drop-down field.



This screenshot shows the same 'Document Request' form as above, but with the 'Recipient Type' field highlighted by a red box. The 'Related Registration' field is now set to 'Julie Reddy - Pharmacist'. The 'Recipient Information' section includes the 'Recipient Type' dropdown (highlighted), 'Organization Name', 'Street Address 1', and 'City'. The 'Recipient Type' dropdown menu is open, showing 'Regulatory Authority' as the selected option.

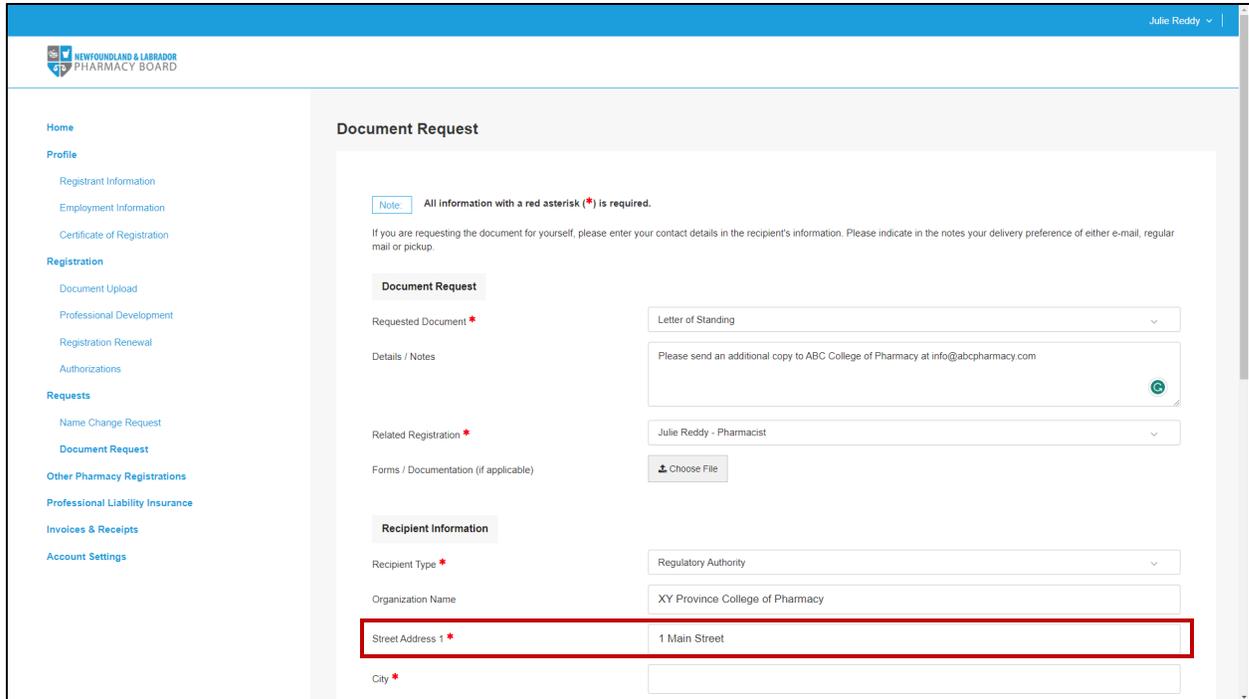
7. Enter the Regulatory Authority's name in the *Organization Name* text box.



The screenshot shows the 'Document Request' form in the Newfoundland & Labrador Pharmacy Board system. The user is logged in as 'Julie Reddy'. The form includes a navigation menu on the left and a main content area. The 'Document Request' section contains the following fields:

- Note:** All information with a red asterisk (*) is required.
- Document Request:**
 - Requested Document *: Letter of Standing
 - Details / Notes: Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com
 - Related Registration *: Julie Reddy - Pharmacist
 - Forms / Documentation (if applicable): Choose File
- Recipient Information:**
 - Recipient Type *: Regulatory Authority
 - Organization Name:** XY Province College of Pharmacy (highlighted with a red border)
 - Street Address 1 *:
 - City *:

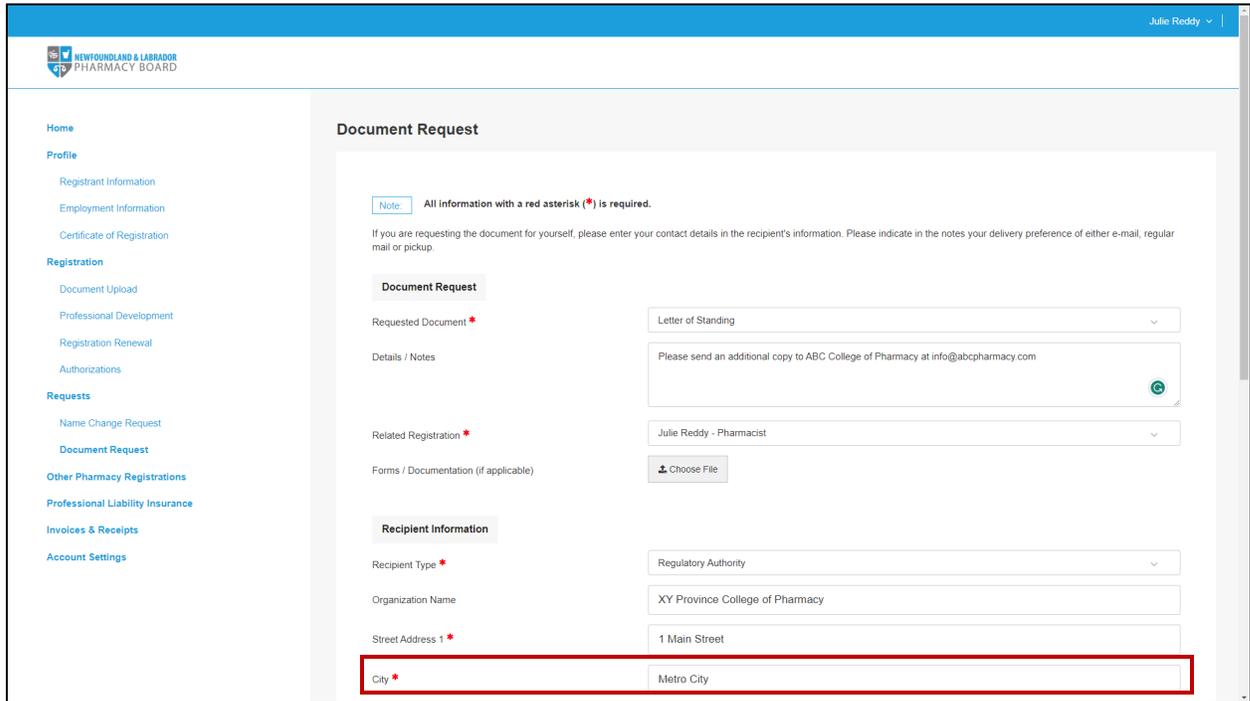
8. Enter the recipient's street address in the *Street Address 1* text box.



The screenshot shows the 'Document Request' form in the Newfoundland & Labrador Pharmacy Board system. The user is logged in as 'Julie Reddy'. The form includes a navigation menu on the left and a main content area. The 'Document Request' section contains the following fields:

- Note:** All information with a red asterisk (*) is required.
- Document Request:**
 - Requested Document *: Letter of Standing
 - Details / Notes: Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com
 - Related Registration *: Julie Reddy - Pharmacist
 - Forms / Documentation (if applicable): Choose File
- Recipient Information:**
 - Recipient Type *: Regulatory Authority
 - Organization Name: XY Province College of Pharmacy
 - Street Address 1 *: 1 Main Street** (highlighted with a red border)
 - City *:

9. Enter the recipient's city in the *City* text box.



Document Request

Note: All information with a red asterisk (*) is required.

If you are requesting the document for yourself, please enter your contact details in the recipient's information. Please indicate in the notes your delivery preference of either e-mail, regular mail or pickup.

Document Request

Requested Document * Letter of Standing

Details / Notes Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com

Related Registration * Julie Reddy - Pharmacist

Forms / Documentation (if applicable) Choose File

Recipient Information

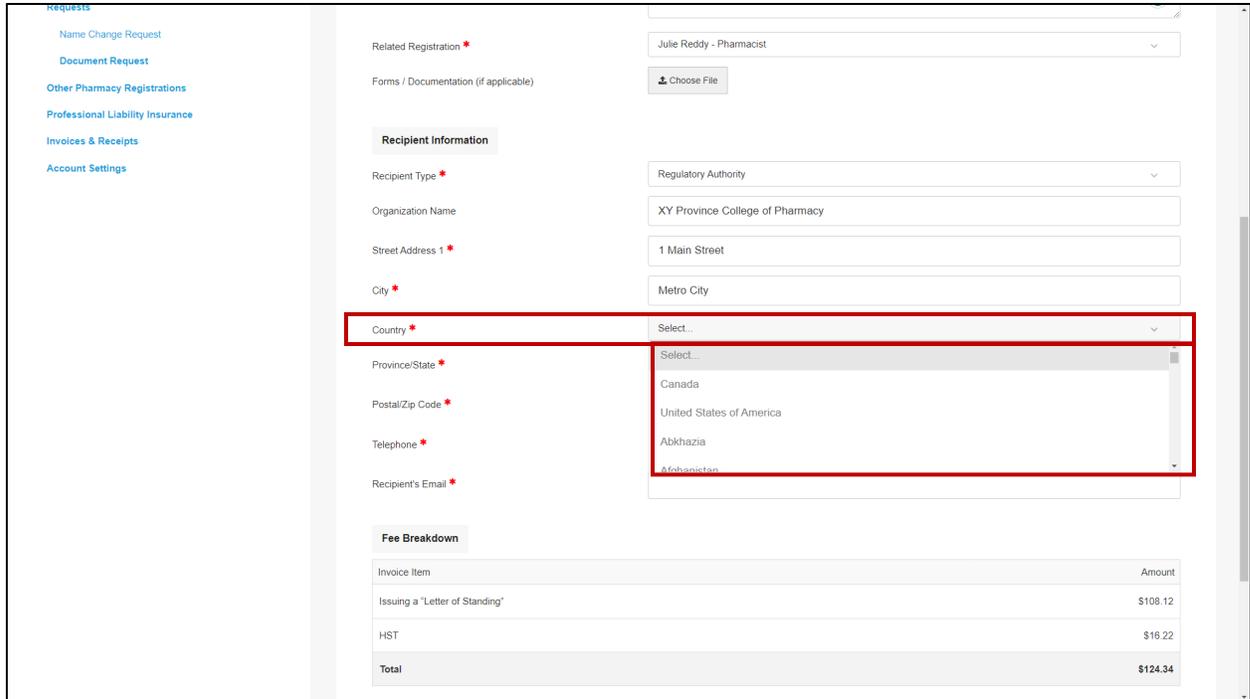
Recipient Type * Regulatory Authority

Organization Name XY Province College of Pharmacy

Street Address 1 * 1 Main Street

City * Metro City

10. Select the recipient's country in the *Country* drop-down field.



Document Request

Related Registration * Julie Reddy - Pharmacist

Forms / Documentation (if applicable) Choose File

Recipient Information

Recipient Type * Regulatory Authority

Organization Name XY Province College of Pharmacy

Street Address 1 * 1 Main Street

City * Metro City

Country * Select...

Province/State * Select...

Postal/Zip Code *

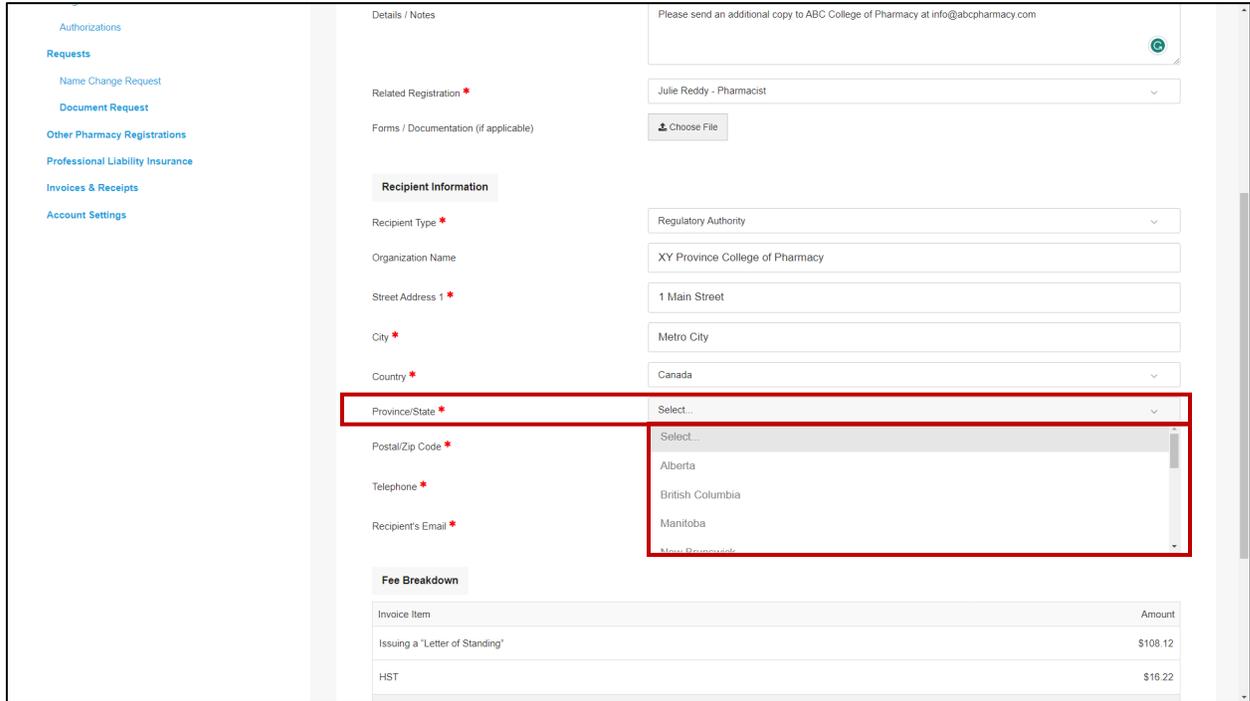
Telephone *

Recipient's Email *

Fee Breakdown

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22
Total	\$124.34

11. If you selected “Canada” or “United States of America” in the *Country* drop-down field, select the recipient’s province or state from the *Province/State* dropdown field. Otherwise, type the recipient’s province or state in the *Province/State* text box.



Details / Notes
Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com

Related Registration *
Julie Reddy - Pharmacist

Forms / Documentation (if applicable)
Choose File

Recipient Information

Recipient Type *
Regulatory Authority

Organization Name
XY Province College of Pharmacy

Street Address 1 *
1 Main Street

City *
Metro City

Country *
Canada

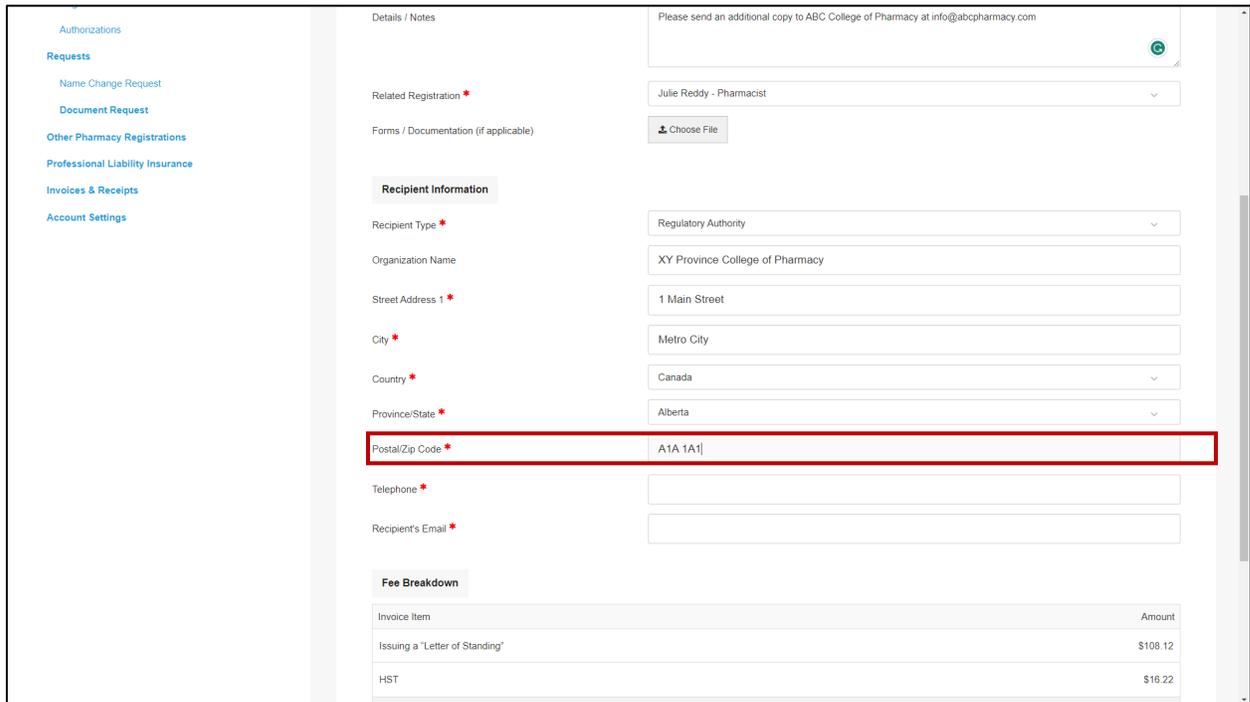
Province/State *
Select...
Select...
Alberta
British Columbia
Manitoba
New Brunswick

Postal/Zip Code *
Telephone *
Recipient's Email *

Fee Breakdown

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22

12. Enter the recipient’s postal code or zip code in the *Postal/Zip Code* text box.



Details / Notes
Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com

Related Registration *
Julie Reddy - Pharmacist

Forms / Documentation (if applicable)
Choose File

Recipient Information

Recipient Type *
Regulatory Authority

Organization Name
XY Province College of Pharmacy

Street Address 1 *
1 Main Street

City *
Metro City

Country *
Canada

Province/State *
Alberta

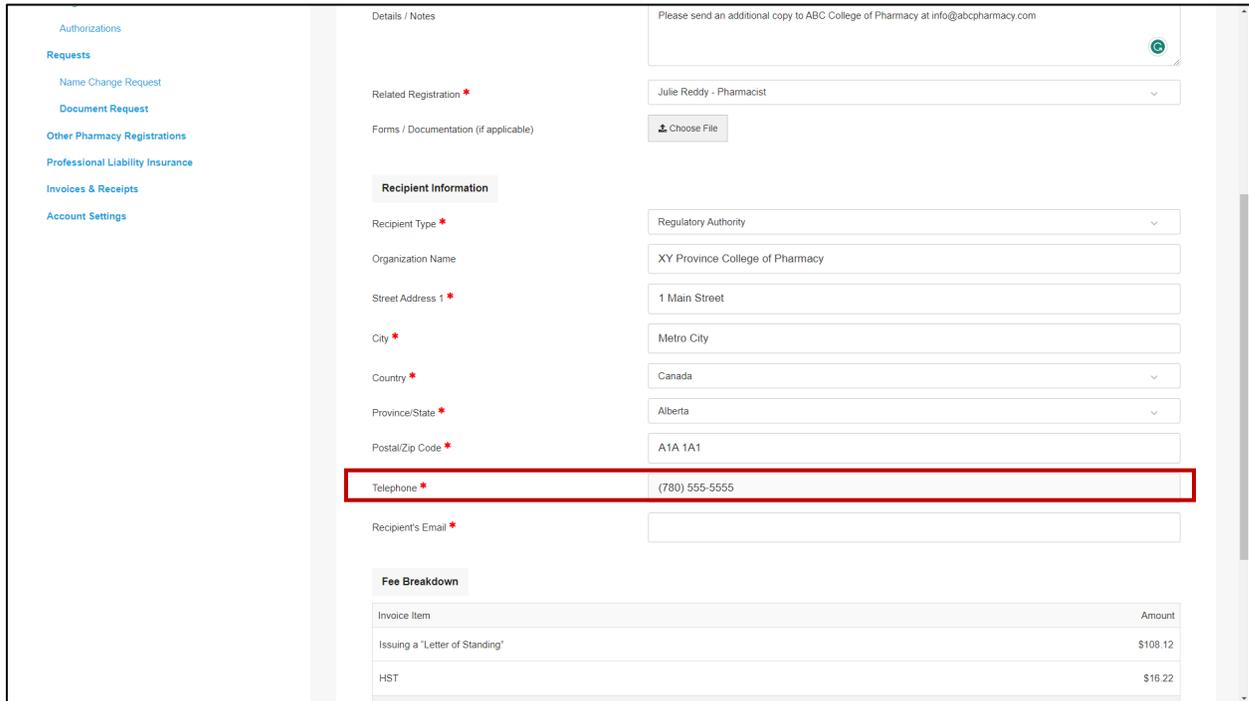
Postal/Zip Code *
A1A 1A1

Telephone *
Recipient's Email *

Fee Breakdown

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22

13. Enter the recipient's 10-digit telephone number in the *Telephone* text box.



Authorizations

Requests

- Name Change Request
- Document Request
- Other Pharmacy Registrations
- Professional Liability Insurance
- Invoices & Receipts
- Account Settings

Details / Notes

Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com

Related Registration *
Julie Reddy - Pharmacist

Forms / Documentation (if applicable)
Choose File

Recipient Information

Recipient Type *
Regulatory Authority

Organization Name
XY Province College of Pharmacy

Street Address 1 *
1 Main Street

City *
Metro City

Country *
Canada

Province/State *
Alberta

Postal/Zip Code *
A1A 1A1

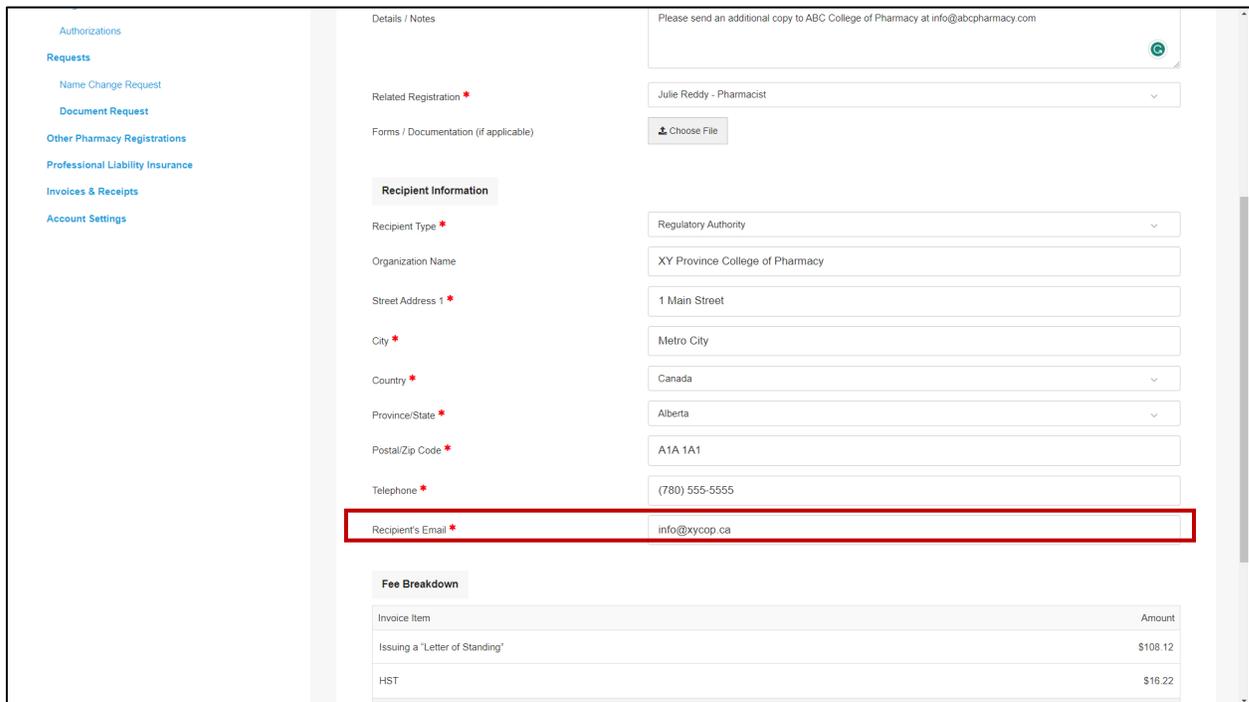
Telephone *
(780) 555-5555

Recipient's Email *

Fee Breakdown

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22

14. Enter the recipient's email address in the *Recipient's Email* text box.



Authorizations

Requests

- Name Change Request
- Document Request
- Other Pharmacy Registrations
- Professional Liability Insurance
- Invoices & Receipts
- Account Settings

Details / Notes

Please send an additional copy to ABC College of Pharmacy at info@abcpharmacy.com

Related Registration *
Julie Reddy - Pharmacist

Forms / Documentation (if applicable)
Choose File

Recipient Information

Recipient Type *
Regulatory Authority

Organization Name
XY Province College of Pharmacy

Street Address 1 *
1 Main Street

City *
Metro City

Country *
Canada

Province/State *
Alberta

Postal/Zip Code *
A1A 1A1

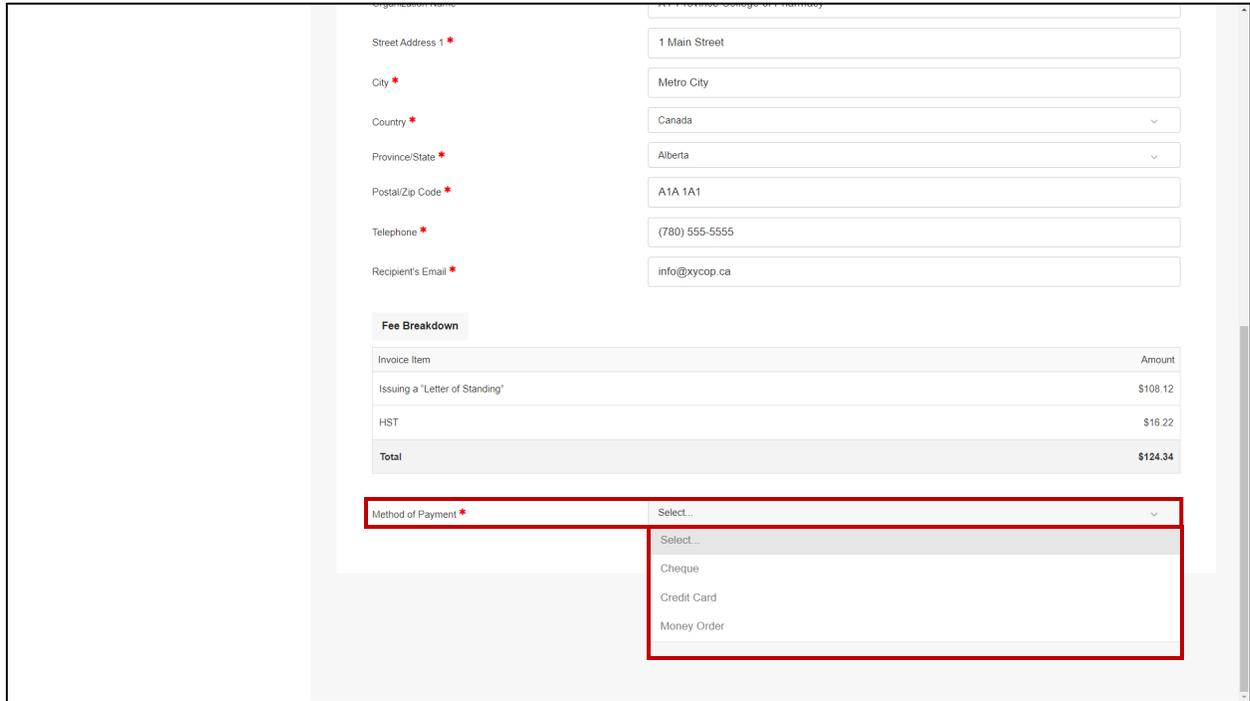
Telephone *
(780) 555-5555

Recipient's Email *
info@xycop.ca

Fee Breakdown

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22

15. The *Fee Breakdown* summarizes the fees applicable to the request. Select either *Cheque*, *Credit Card*, or *Money Order* from the *Method of Payment* drop-down field. Please note credit cards will be processed online, while cheques or money orders must be sent to the address provided. Letters of Standing will not be processed until full payment has been received.



Organization Name: Newfoundland and Labrador Pharmacy Board

Street Address: 1 Main Street

City: Metro City

Country: Canada

Province/State: Alberta

Postal/Zip Code: A1A 1A1

Telephone: (780) 555-5555

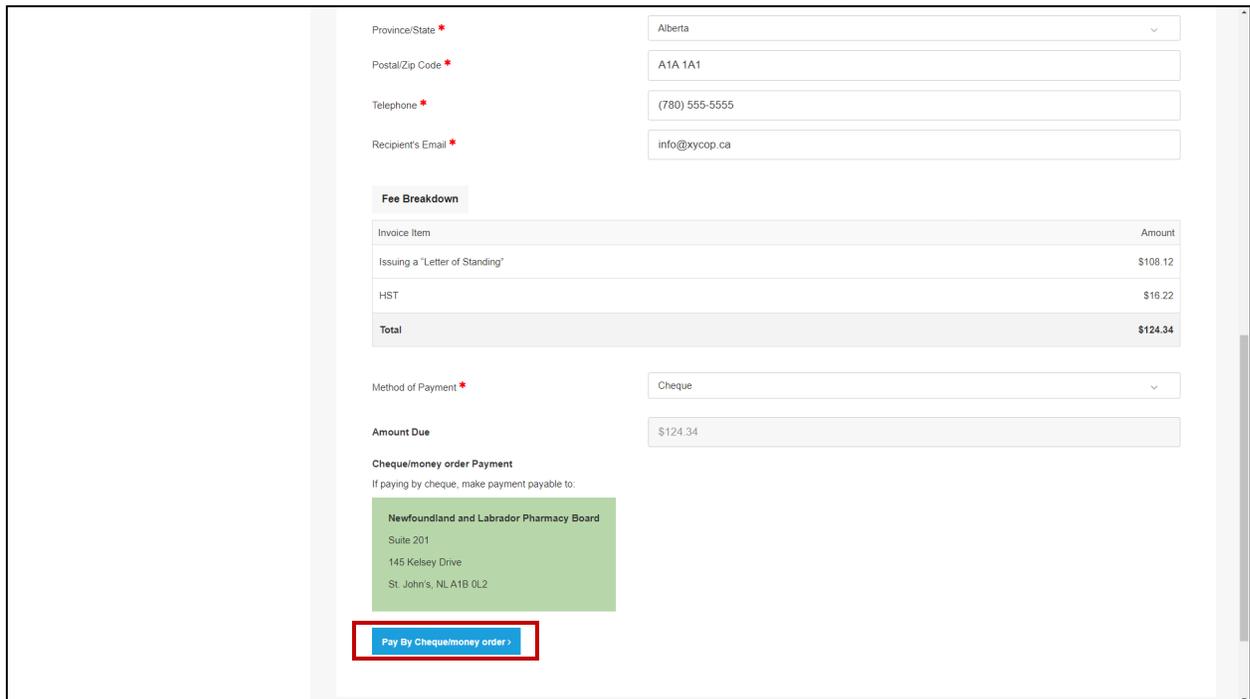
Recipient's Email: info@xycop.ca

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22
Total	\$124.34

Method of Payment: Select...

- Select...
- Cheque
- Credit Card
- Money Order

16. Click the *Pay by...* button to proceed with payment and submit your application.



Province/State: Alberta

Postal/Zip Code: A1A 1A1

Telephone: (780) 555-5555

Recipient's Email: info@xycop.ca

Invoice Item	Amount
Issuing a "Letter of Standing"	\$108.12
HST	\$16.22
Total	\$124.34

Method of Payment: Cheque

Amount Due: \$124.34

Cheque/money order Payment

If paying by cheque, make payment payable to:

Newfoundland and Labrador Pharmacy Board
Suite 201
145 Kelsey Drive
St. John's, NL A1B 0L2

Pay By Cheque/money order >

17. You will receive an email to confirm that your request has been submitted. Please allow 5-7 business days for your request to be processed. Please check with the designated recipient to confirm they have received the letter of standing.

