



# Newfoundland & Labrador Pharmacy Board

Apothecary Hall  
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St. John's, NL A1E 1B3

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## Application for Lock and Leave Approval

PLEASE PRINT CLEARLY

Pharmacy Corporate Name: \_\_\_\_\_

Pharmacy Trading Name: \_\_\_\_\_

Pharmacist-in-Charge: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Business License #: \_\_\_\_\_

Please indicate below the daily hours of operation of the pharmacy and the hours when Professional Services will be available:

	<u>Monday to Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Pharmacy Hours (Premises open to public)	_____	_____	_____
Professional Service Hours (Pharmacist on duty in pharmacy)	_____	_____	_____

I make application for approval to conduct a Lock and Leave Pharmacy under the provisions of the *Standards of Pharmacy Practice Regarding Lock and Leave in Community Pharmacies*.

I certify that the above pharmacy will be conducted in accordance with the *Standards of Pharmacy Practice Regarding Lock and Leave in Community Pharmacies*.

I certify that the information provided is complete and correct and that should ANY OF THIS INFORMATION change, I must complete and submit an updated copy of this form.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

\_\_\_\_\_  
Date Signed

If this is an initial application, please give a description of how your pharmacy will comply with the physical requirements of the Standards of Pharmacy Practice Regarding Lock and Leave in Community Pharmacies on the reverse side, including photos where appropriate.