



Newfoundland & Labrador Pharmacy Board

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Application for Registration as a Pharmacy Intern (To be completed by Graduates of Non-Canadian Pharmacy Programs)

PLEASE PRINT CLEARLY

Demographic Information:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Maiden Name (if applicable)	Date of Birth (DD/MM/YYYY)	Country of Birth

Address:

Street Address (or P.O. Box)		
_____	_____	_____
City/Town & Province	Postal Code	Country

Phone Number:

() _____	() _____
Home Phone Number	Other Phone Number

Email Address:

_____	_____
Home Email Address	Other Email Address

Academic Information:

_____	_____	_____	_____
Name of Initial Pharmacy Degree	University / College Attended	Country	Date of Graduation

_____	_____	_____	_____
Additional Pharmacy Degree(s)	University / College Attended	Country	Date of Graduation

Pharmacy Examining Board of Canada Status:

<input type="checkbox"/> Evaluating Exam:	_____	_____
	Date Completed	Registration #
<input type="checkbox"/> Qualifying Exam (if applicable):	_____	_____
	Date Completed	Registration #

Have you ever been convicted of an offence under any provincial or federal laws? Yes No

If Yes, please give details: _____

Checklist of Enclosures:

- Verification of Language Proficiency
- Graduation documentation
- Copies of PEBC certification (if applicable)

I certify that the information contained in this application is complete and correct and recognize that providing false or incomplete information on this application may be cause for revocation of registration.

I enclose all required documentation as indicated above as well as the current Student/Intern Registration fee as indicated in the *NLPB Schedule of Fees*. I agree to abide by the requirements of the Pharmacy Act, Regulations, Bylaws and Standards of Pharmacy Practice as well as the requirements of the Supervised Final Internship Program.

Applicant's Signature

Date Signed

Fee Enclosed:

Paid By: Cash, Cheque or Money Order VISA Mastercard

Name on Card

Card #

Expiry Date

FOR OFFICE USE ONLY				
All Required Documentation Received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fee Received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date Received:				