



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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APPLICATION FOR REGISTRATION AS A PHARMACEUTICAL CHEMIST (PLEASE PRINT OR TYPE)

1 Full Name Mr. _____
Mrs. _____

Surname First Name Middle Name

2 Current Address _____
Street City Province

Country Postal Code

Telephone Number e-mail address

3 Date of Birth (d/m/y) _____ 4 Country of Birth _____ 5 Maiden Name (if applicable) _____

6 Date of Graduation as a Pharmacist _____ 7. University//Pharmacy College _____

8 Degree Attained _____ 9. Additional Degrees University Year

10. List any provinces or territories of Canada in which you are currently, or were previously licensed or registered

Province Registration # Category of Registration

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Province Registration # Category of Registration

11 Name of Current or Previous Employer: _____

Address: _____

12 Pharmacy Examining Board of Canada Status:

Qualifying Examination: _____ Registration # _____

Date Completed

Note: Under the Mutual Recognition Agreement developed by the National Association of Pharmacy Regulatory Authorities pharmacists actively licensed in a signatory province as of July 1, 2001 are not required to have PEBC registration.

13 Have you served a studentship/internship, or practiced as a pharmacist, in a province of Canada for a minimum total of 44 weeks?
() Yes () No

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

If Yes, please give details:

15 Has your licence to practice pharmacy ever been restricted, suspended, or revoked in any other jurisdiction?
() Yes () No

16 If your license to practice pharmacy has been previously suspended or revoked in any other jurisdiction, are you currently eligible for licensure to practice pharmacy in that jurisdiction?
() Yes () No

17 Is your license to practice in another jurisdiction currently restricted?
() No () Yes, category of license (e.g. non-patient care)
() Yes – for disciplinary reasons
() Yes – for other reasons (specify: _____)

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

I enclose the fee for registration as a Pharmaceutical Chemist and agree to abide by the requirements of the Pharmacy Act, its Regulations and Bylaws and the Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.

I authorize payment of the fee for registration to Visa/MasterCard No. _____

Expiry Date: _____ Card Issued to (Please Print) _____

Applicant

Date Signed

For Office Use Only

- Graduation Documentation received
- Studentship/Internship Successfully Completed
- Copy of PEBC certificate received
- Letter of Conduct from RNC or RCMP
- Letter of Standing from other province received
- Confirmation of employment in previous year received
- Registration Examination successfully completed
- Confirmation of Professional Liability Insurance Coverage Received
- PANL (Pharmacists' Association of Newfoundland & Labrador) Membership Confirmed
- Fee received

Signature of Secretary-Registrar

Date