Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3
www.nlpb.ca
Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Notice of Employment / Change of Employment

PLEASE PRINT CLEARLY

Last Name | First Name & Middle Initial | Registration #

Home Address (or P.O. Box)

City/Town | Postal Code

( )
Home Phone Number | Home Email Address

Previous Employment Location

Pharmacy Name

Address

City/Town | Postal Code

New Employment Location

Pharmacy Name

Address

City/Town | Postal Code

Previous Employment Status

- ☐ Pharmacist In Charge
- ☐ Staff Pharmacist
- ☐ Non-Practicing
- ☐ Administration
- ☐ Other (i.e leave, relief): _____

New Employment Status

- ☐ Pharmacist In Charge
- ☐ Staff Pharmacist
- ☐ Non-Practicing
- ☐ Administration
- ☐ Other (i.e leave, relief): _____

Effective Date (DD/MM/YYYY)

I wish to have the above change made in the Pharmacy Register and enclose the appropriate fee as indicated below:

- Change of Employment Location – Usual Fee Applies (see NLPB Schedule of Fees)
- Change of Employment Status only (i.e No Change in Location) – for example, change from Staff Pharmacist to maternity leave – Fee waived
- New Employment Location (i.e. not previously registered) – Fee included with registration fees

(*Please be advised late fees apply if not received at least 7 days in advance of the change*)

Signature | Date Signed

Fee Paid By: ☐ Cash, Cheque or Money Order ☐ VISA ☐ Mastercard

Name on Card | Card # | Expiry Date