



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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www.nlpb.ca

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Registration as a Pharmacy Dispensing Methadone in the Province of Newfoundland and Labrador

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 #: _____

How many patients currently receive methadone from your pharmacy? _____

Is your pharmacy prepared to accept new methadone patients? Yes No

Is your pharmacy open 7 days a week / 365 days a year? Yes No

If not, please advise on which days the pharmacy is closed: _____

During what hours is methadone available to patients? From: _____ To: _____
AM/PM AM/PM

Does your pharmacy have a copy of the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Practice for the Newfoundland and Labrador Methadone Maintenance Program*? Yes No

Are all the pharmacists working in your pharmacy familiar with these Standards of Practice, including any relief pharmacists? Yes No

Do you have a copy of *Methadone Maintenance: A Pharmacist's Guide to Treatment* (Produced by the Centre for Addiction and Mental Health)? Yes No

I certify that the dispensing of methadone in the above pharmacy will be conducted in accordance with the *Standards of Pharmacy Practice for the Newfoundland and Labrador Methadone Maintenance Program*.

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