



Newfoundland & Labrador Pharmacy Board

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

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(709) 753-8615
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Application for Renewal of Pharmacist Registration 2012

SECTION ONE: RENEWAL INFORMATION

BOX A: CONTACT INFORMATION			
Full Name:	_____	_____	_____
	Last Name	First Name & Middle Initial	Registration #
Home Address:	_____		_____
	Street Address		P.O. Box (if applicable)
	_____	_____	_____
	City/Town & Province	Postal Code	Country
	()	()	
	_____	_____	_____
	Home Phone Number	Home Email Address	
Employment Information:	<input type="checkbox"/> Pharmacist-in-Charge <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Administration <input type="checkbox"/> Other (leave, relief, etc)		
	Name of Primary Place of Employment (<i>for Pharmacist-in-Charge, Staff Pharmacist or Administration only</i>)		
	_____		_____
	Street Address		P.O. Box (if applicable)
	_____	_____	_____
	City/Town & Province	Postal Code	Country
	()	()	
	_____	_____	_____
	Business Phone Number	Business Fax Number	Business Email Address
Email Preference:	<input type="checkbox"/> Home <input type="checkbox"/> Business		

BOX B: REGISTRATION CLASSIFICATION			
Select your registration/membership classification for the upcoming year:			
<input type="checkbox"/> Practicing (\$650.00 + \$84.50 HST = \$734.50)	<input type="checkbox"/> Non Practicing (\$125.00 + \$16.25 HST = \$141.25)		
<input type="checkbox"/> Retired	<input type="checkbox"/> Voluntarily Resigned		
For Retired or Voluntarily Resigned, please sign: _____			
Are you registered with any other provincial regulatory body? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please complete the following:			
_____	_____	_____	_____
Name of Regulatory Body	Registration #	Expiry Date	

BOX C: CONFIRMATIONS, SIGNATURE & PAYMENT			
<input type="checkbox"/> I have read the <i>Pharmacy Act</i> and <i>Regulations</i> of Newfoundland and Labrador and understand that, as a registered pharmacist, I must comply with the provisions found therein.			
<input type="checkbox"/> I certify that I have worked a minimum of 420 hours in the last two calendar years and would be able to provide documentation if requested.			
<input type="checkbox"/> I certify that I have obtained the following professional liability insurance in accordance with the <i>Newfoundland & Labrador Pharmacy Board Policy on Professional Liability Insurance</i> and that I am responsible for ensuring that this coverage is maintained throughout the licensing year.			
<input type="checkbox"/> CPBA (through PANL) <input type="checkbox"/> Other (please specify and provide proof of coverage for the licence year 2012)			
<input type="checkbox"/> I confirm that I have met the Professional Development requirements for re-registration and my Professional Development Log is included with this application.		<input type="checkbox"/> I have not yet met the Professional Development requirements for re-registration but will do so no later than December 31, 2011 at which time I will submit my Professional Development Log to NLPB.	
<input type="checkbox"/> I have read the <i>Newfoundland & Labrador Pharmacy Board Policy on Collection, Use and Disclosure of Pharmacists' Personal Information</i> and confirm that I consent to the release of personal information in accordance with this policy.			
_____		_____	
Applicant's Signature		Date Signed	
Paid By: <input type="checkbox"/> Cash, Cheque or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Other (Store Owner, Company, etc.): _____			
_____	_____	_____	_____
Name on Card	Card #	Expiry Date	

THE DEADLINE FOR SUBMISSION OF ALL APPLICATIONS AND FEES IS NOVEMBER 30, 2011

SECTION TWO: STATISTICAL INFORMATION
(to be completed by PRACTICING PHARMACISTS only)

BOX D: RESIDENCE	
Full Name _____	Registration # _____
Province of Current Residence _____	Province of Registration _____

BOX E: EDUCATIONAL BACKGROUND	
<p align="center">Initial Pharmacy Degree</p> <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Pharm D.	<p align="center">Additional PHARMACY DEGREE (highest level only)</p> <input type="checkbox"/> Residency <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Pharm D. <input type="checkbox"/> Doctorate
University/College Province or Country Year of Graduation	University/College Province or Country Year of Graduation

BOX F: EMPLOYMENT STATUS
<input type="checkbox"/> Employed in the profession of pharmacy <input type="checkbox"/> Employed in other than pharmacy and seeking employment in pharmacy <input type="checkbox"/> Employed in other than pharmacy and not seeking employment in pharmacy <input type="checkbox"/> Unemployed and seeking employment in pharmacy <input type="checkbox"/> Unemployed and not seeking employment in pharmacy
If you have chosen Employed in the profession of pharmacy , you must complete Box G below. Complete Boxes H & I only if applicable. If you have chosen any other option above, you are not required to complete the remainder of this section.

BOX G: PRIMARY PLACE OF EMPLOYMENT – Complete for your primary place of employment in the profession of pharmacy												
If in Canada, please indicate: <table style="width:100%; margin-left: 100px;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td align="center">Province / Territory</td> <td align="center">Postal Code</td> </tr> </table>			Province / Territory	Postal Code								
Province / Territory	Postal Code											
If not in Canada, please indicate Country of employment: _____												
<p>Area of Employment</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Community Pharmacy</td> <td><input type="checkbox"/> Other Pharmacy</td> <td><input type="checkbox"/> Health Related Industry/Mfg/Commercial</td> </tr> <tr> <td><input type="checkbox"/> Hospital/Health Care Facility</td> <td><input type="checkbox"/> Other Community Based Practice</td> <td><input type="checkbox"/> Association/Government/Para-Governmental</td> </tr> <tr> <td><input type="checkbox"/> Community Health Care</td> <td><input type="checkbox"/> Community Pharmacy Corporate Office</td> <td><input type="checkbox"/> Other place of work – not identified</td> </tr> <tr> <td><input type="checkbox"/> Group Professional Practice/Clinic</td> <td><input type="checkbox"/> Post Secondary Educational Institution</td> <td></td> </tr> </table>	<input type="checkbox"/> Community Pharmacy	<input type="checkbox"/> Other Pharmacy	<input type="checkbox"/> Health Related Industry/Mfg/Commercial	<input type="checkbox"/> Hospital/Health Care Facility	<input type="checkbox"/> Other Community Based Practice	<input type="checkbox"/> Association/Government/Para-Governmental	<input type="checkbox"/> Community Health Care	<input type="checkbox"/> Community Pharmacy Corporate Office	<input type="checkbox"/> Other place of work – not identified	<input type="checkbox"/> Group Professional Practice/Clinic	<input type="checkbox"/> Post Secondary Educational Institution	
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<input type="checkbox"/> Hospital/Health Care Facility	<input type="checkbox"/> Other Community Based Practice	<input type="checkbox"/> Association/Government/Para-Governmental										
<input type="checkbox"/> Community Health Care	<input type="checkbox"/> Community Pharmacy Corporate Office	<input type="checkbox"/> Other place of work – not identified										
<input type="checkbox"/> Group Professional Practice/Clinic	<input type="checkbox"/> Post Secondary Educational Institution											
<p>Category</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Permanent Employee</td> <td><input type="checkbox"/> Temporary</td> <td><input type="checkbox"/> Casual</td> </tr> <tr> <td><input type="checkbox"/> Self Employed</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Permanent Employee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed								
<input type="checkbox"/> Permanent Employee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Casual										
<input type="checkbox"/> Self Employed												
<p>Primary Position</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Staff Pharmacist</td> <td><input type="checkbox"/> Institutional Leader/Coordinator</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Pharmacist-in-Charge</td> <td><input type="checkbox"/> Educator</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Pharmacy Owner</td> <td><input type="checkbox"/> Pharmacist Consultant</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Director of Pharmacy</td> <td><input type="checkbox"/> Industrial Pharmacist</td> <td></td> </tr> </table>	<input type="checkbox"/> Staff Pharmacist	<input type="checkbox"/> Institutional Leader/Coordinator	<input type="checkbox"/> Research	<input type="checkbox"/> Pharmacist-in-Charge	<input type="checkbox"/> Educator	<input type="checkbox"/> Other	<input type="checkbox"/> Pharmacy Owner	<input type="checkbox"/> Pharmacist Consultant		<input type="checkbox"/> Director of Pharmacy	<input type="checkbox"/> Industrial Pharmacist	
<input type="checkbox"/> Staff Pharmacist	<input type="checkbox"/> Institutional Leader/Coordinator	<input type="checkbox"/> Research										
<input type="checkbox"/> Pharmacist-in-Charge	<input type="checkbox"/> Educator	<input type="checkbox"/> Other										
<input type="checkbox"/> Pharmacy Owner	<input type="checkbox"/> Pharmacist Consultant											
<input type="checkbox"/> Director of Pharmacy	<input type="checkbox"/> Industrial Pharmacist											
<p>Estimated Average Total Hours Per Week: <input type="checkbox"/> 40+ <input type="checkbox"/> 30-39 <input type="checkbox"/> 15-29 <input type="checkbox"/> 14 or less</p>												

BOX H: SECONDARY PLACE OF EMPLOYMENT – Complete for your secondary place of employment in the profession of pharmacy

If in Canada, please indicate:

Province / Territory

Postal Code

If not in Canada, please indicate Country of employment:

Area of Employment

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Pharmacy | <input type="checkbox"/> Other Pharmacy | <input type="checkbox"/> Health Related Industry/Mfg/Commercial |
| <input type="checkbox"/> Hospital/Health Care Facility | <input type="checkbox"/> Other Community Based Practice | <input type="checkbox"/> Association/Government/Para-Governmental |
| <input type="checkbox"/> Community Health Care | <input type="checkbox"/> Community Pharmacy Corporate Office | <input type="checkbox"/> Other place of work – not identified |
| <input type="checkbox"/> Group Professional Practice/Clinic | <input type="checkbox"/> Post Secondary Educational Institution | |

Category

- | | | |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Permanent Employee | <input type="checkbox"/> Temporary | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Self Employed | | |

Primary Position

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Staff Pharmacist | <input type="checkbox"/> Institutional Leader/Coordinator | <input type="checkbox"/> Research |
| <input type="checkbox"/> Pharmacist-in-Charge | <input type="checkbox"/> Educator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacy Owner | <input type="checkbox"/> Pharmacist Consultant | |
| <input type="checkbox"/> Director of Pharmacy | <input type="checkbox"/> Industrial Pharmacist | |

Estimated Average Total Hours Per Week: 40+ 30-39 15-29 14 or less**BOX I: THIRD PLACE OF EMPLOYMENT – Complete for your third place of employment in the profession of pharmacy**

If in Canada, please indicate:

Province / Territory

Postal Code

If not in Canada, please indicate Country of employment:

Area of Employment

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Pharmacy | <input type="checkbox"/> Other Pharmacy | <input type="checkbox"/> Health Related Industry/Mfg/Commercial |
| <input type="checkbox"/> Hospital/Health Care Facility | <input type="checkbox"/> Other Community Based Practice | <input type="checkbox"/> Association/Government/Para-Governmental |
| <input type="checkbox"/> Community Health Care | <input type="checkbox"/> Community Pharmacy Corporate Office | <input type="checkbox"/> Other place of work – not identified |
| <input type="checkbox"/> Group Professional Practice/Clinic | <input type="checkbox"/> Post Secondary Educational Institution | |

Category

- | | | |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Permanent Employee | <input type="checkbox"/> Temporary | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Self Employed | | |

Primary Position

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Staff Pharmacist | <input type="checkbox"/> Institutional Leader/Coordinator | <input type="checkbox"/> Research |
| <input type="checkbox"/> Pharmacist-in-Charge | <input type="checkbox"/> Educator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacy Owner | <input type="checkbox"/> Pharmacist Consultant | |
| <input type="checkbox"/> Director of Pharmacy | <input type="checkbox"/> Industrial Pharmacist | |

Estimated Average Total Hours Per Week: 40+ 30-39 15-29 14 or less