



# Newfoundland & Labrador Pharmacy Board

Apothecary Hall [www.nlpb.ca](http://www.nlpb.ca)  
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St. John's, NL A1E 1B3

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## Application for Renewal of Pharmacy Business License 2012

### BOX A: CONTACT INFORMATION

**PLEASE REVIEW IN DETAIL** the Pharmacy / Pharmacist report on the reverse of this application. If there are any errors or omissions, please make the necessary corrections directly on the report.

### BOX B: GENERAL PHARMACY INFORMATION

1) FOR COMMUNITY PHARMACIES: Is the pharmacy open a minimum of 36 hours per week?  Yes  No

2) FOR COMMUNITY PHARMACIES: Does the pharmacy have a Lock and Leave enclosure?  Yes  No

If YES, please complete the following:

Pharmacy Business Hours:

Dispensary Business Hours:

MON-FRI \_\_\_\_\_

MON-FRI \_\_\_\_\_

SAT \_\_\_\_\_

SAT \_\_\_\_\_

SUN \_\_\_\_\_

SUN \_\_\_\_\_

HOLIDAYS \_\_\_\_\_

HOLIDAYS \_\_\_\_\_

3) FOR COMMUNITY PHARMACIES: Does the pharmacy currently dispense Methadone for either pain or a part of a Methadone Maintenance Program?  Yes  No

If YES, please indicate the number of patients you are currently servicing: \_\_\_\_\_

If NO, would you be willing to dispense methadone in the future if the need arises in your area?  Yes  No

4) FOR ALL PHARMACIES: Does the pharmacy currently employ Pharmacy Assistants?  Yes  No

If YES, please indicate the number of assistants you currently employ: \_\_\_\_\_

5) FOR ALL PHARMACIES: Is the dispensary online and capable of receiving email in accordance with the *Newfoundland and Labrador Pharmacy Board Policy on Online Access for Pharmacies*?  Yes  No

### BOX C: CONFIRMATIONS, SIGNATURE & PAYMENT

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 the pharmacy license.

I agree to abide by the requirements of, and acknowledge my responsibilities as Pharmacist-in-Charge under the Pharmacy Act, its Regulations and Bylaws and the Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.

I have enclosed the appropriate Annual Business License fee (\$995.00 + \$129.35 HST = \$1124.35), as indicated in the *NLPB Schedule of Fees*.

Pharmacy Name \_\_\_\_\_

Business License # \_\_\_\_\_

Pharmacist-in-Charge Name \_\_\_\_\_

Pharmacist-in-Charge Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Paid By:  Cash, Cheque or Money Order  VISA  MasterCard  Other (Store Owner, Company, etc.): \_\_\_\_\_

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

**THE DEADLINE FOR SUBMISSION OF ALL APPLICATIONS AND FEES IS NOVEMBER 30, 2011. A REINSTATEMENT FEE OF \$100, IN ADDITION TO THE REGULAR FEE, WILL APPLY TO THE APPLICATION AFTER THIS DATE.**