



Newfoundland & Labrador Pharmacy Board

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Application for Registration as a Pharmacy Intern – International Pharmacy Graduate

Demographic Information:

Last Name First Name Middle Initial

Maiden Name (if applicable) Gender Date of Birth (DD/MM/YYYY) Country of Birth

Address:

Street Address (or P.O. Box) City/Town & Province Postal Code Country

Phone Number:

() _____
Home Phone Number Other Phone Number

Email Address:

Home Email Address Other Email Address

Academic Information:

Name of Initial Pharmacy Degree University / College Attended Country Date of Graduation

Additional Pharmacy Degree(s) University / College Attended Country Date of Graduation

Pharmacy Examining Board of Canada Status:

☐ Evaluating Exam: _____
Date Completed (DD/MM/YYYY) Registration #

☐ Qualifying Exam (if applicable): _____
Date Completed (DD/MM/YYYY) Registration #

Have you ever been convicted of an offence under any provincial or federal laws?

☐ Yes ☐ No

If Yes, please give details:

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

I certify that I have obtained the following professional liability insurance in accordance with the *Newfoundland & Labrador Pharmacy Board Professional Liability Insurance Requirements for Registration* and that I am responsible for ensuring that this coverage is maintained.

☐ CPBA (through PANL) ☐ Other (please specify and provide proof of coverage): _____

I agree to abide by the requirements of the Pharmacy Act, Regulations, Bylaws and Standards of Pharmacy Practice as well as the requirements of the Supervised Final Internship Program.

I have enclosed:

- ☐ Verification of Language Proficiency
- ☐ Graduation documentation
- ☐ Copies of PEBC certification (if applicable)
- ☐ The current Student/Intern Registration fee as indicated in the *NLPB Schedule of Fees*.

Applicant's Signature

Date Signed

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

Name on Card Card # Expiry Date