



# Newfoundland & Labrador Pharmacy Board

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## Application for Authorization to be Designated Pharmacist-in-Charge

**Full Name:** \_\_\_\_\_  
Last Name First Name & Middle Initial Registration #

**Contact Information:** \_\_\_\_\_  
Email Address Phone Number

**Employment Information:** \_\_\_\_\_  
Name of Primary Place of Employment

\_\_\_\_\_  
Street Address P.O. Box (if applicable)

\_\_\_\_\_  
City/Town Postal Code

### Certifications:

**By signing below, I certify that:**

- The information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of authorization or an allegation of conduct deserving of sanction.
- I have reviewed the NLPB *Requirements for Authorization to be Designated Pharmacist-in-Charge of a Pharmacy* and declare that I:
  - I am a practicing pharmacist in Newfoundland and Labrador in good standing with no limitations on my practice.
  - I have been practicing pharmacy in Canada for at least the 12 months immediately prior to this application.
- I understand that I may be required to provide additional information to support my application.
- I have reviewed the legislative duties of a pharmacist-in-charge outlined in s.12 of the *Pharmacy Regulations, 2014* and understand the role and responsibilities inherent in this position.
- I will operate any pharmacy for which I am designated pharmacist-in-charge in accordance with the *Pharmacy Act, 2012* and its associated regulations, standards of practice and any other requirements established by the board.
- I have attached proof of successful completion of the required pharmacist-in-charge orientation program, as approved by the board.

\_\_\_\_\_  
Applicant's Signature

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

**Registrants are reminded that authorization is not effective until they have received notification from NLPB that the application has been approved.**