



Newfoundland & Labrador Pharmacy Board

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Application to Change Pharmacist-in-Charge

(In accordance with the NLPB Requirements for Authorization to be Designated Pharmacist-in-Charge of a Pharmacy)

Pharmacy Information:

Pharmacy Licence # _____

Pharmacy Name _____

Street Address _____

P.O. Box (if applicable) _____

City/Town _____

Postal Code _____

() _____

Phone Number

() _____

Fax Number

Pharmacy Email Address _____

Pharmacist-in-Charge Information

Current Pharmacist-in-Charge _____

Registration # _____

() _____

Phone Number

Email Address _____

Proposed New Pharmacist-in-Charge _____

Registration # _____

() _____

Phone Number

Email Address _____

Anticipated Date of Change: _____

PLEASE NOTE: This form must be received by the NLPB Office at least 30 days in advance of the anticipated date of change.

Current Pharmacist-in-Charge Certifications:

- I certify that the information provided on this application is correct and make application to change the pharmacy licence as indicated above. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I understand that I am still responsible for all pharmacy activities until this change has been approved.

Pharmacist-in-Charge Signature _____

Date Signed _____

Proposed Pharmacist-in-Charge Certifications:

- I certify that the information provided on this application is correct and make application to be named Pharmacist-in-Charge of the named pharmacy. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I certify that I am eligible to be designated as Pharmacist-in-Charge in accordance with the *NLPB Requirements for Authorization to be Designated Pharmacist-in-Charge of a Pharmacy* and have made application to be authorized as such.
- I certify that I understand the role and responsibilities inherent in this position and will operate the pharmacy in accordance with the *Pharmacy Act, 2012*, Regulations, Standards of Pharmacy Operation, Standards of Practice and any other requirements established by the Board.
- I have enclosed the appropriate fee, as indicated in the NLPB Schedule of Fees.

Pharmacist Signature

Date Signed

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

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)

Pharmacists-in-Charge are reminded that this change is not in effect until notification from the NLPB that their application has been approved.