

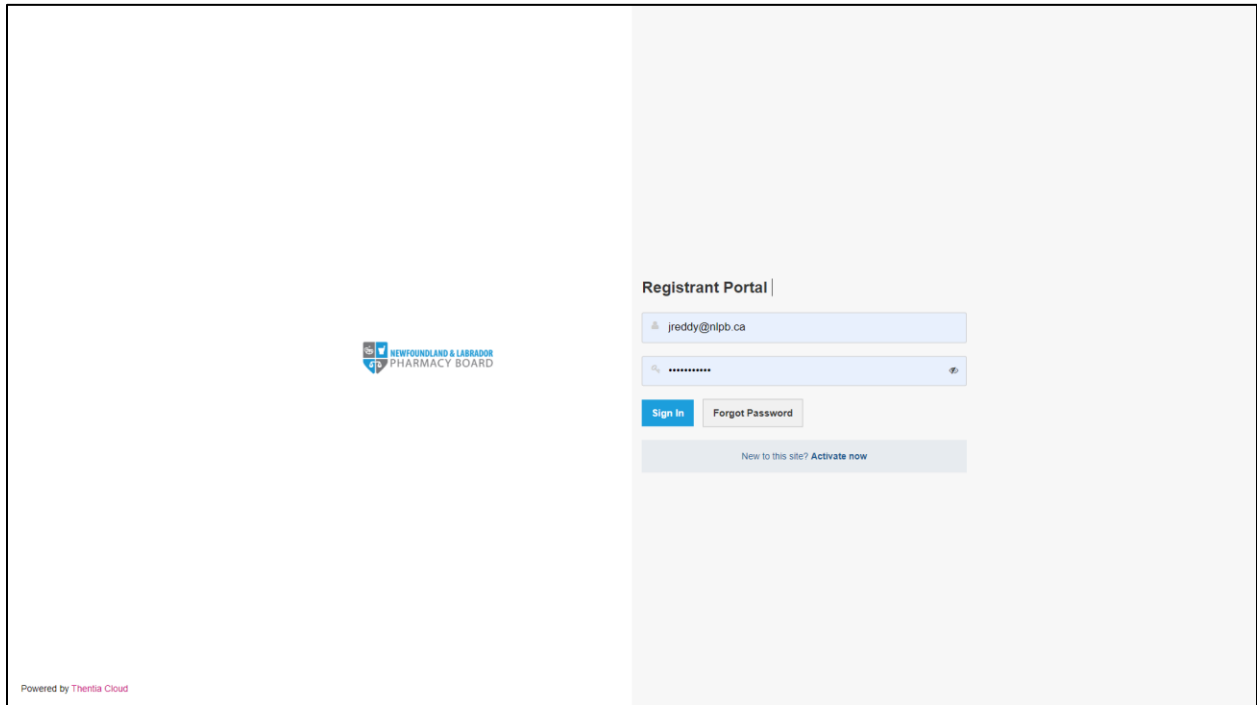
# NLPB Registrant Portal

## User Guide

### Applying for Authorizations

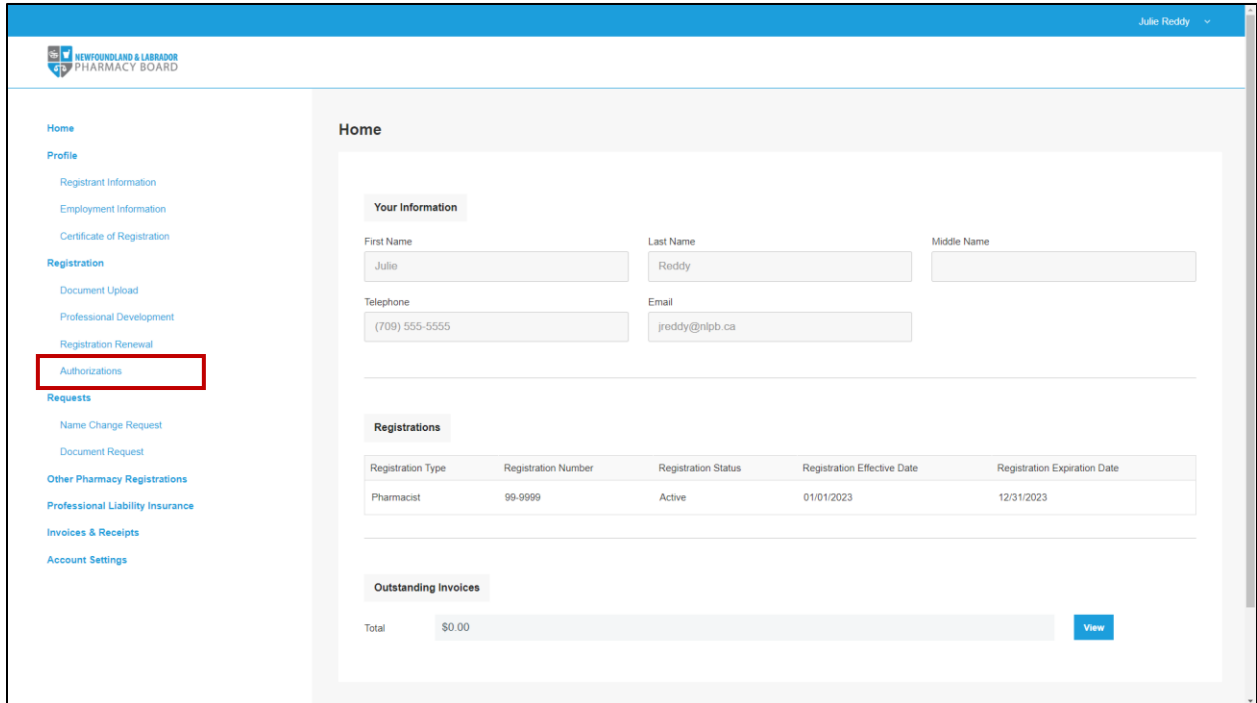
Updated February 2, 2023

1. Log into the [NLPB Registrant Portal](#).



Powered by Thentia Cloud

2. Once you have logged into your profile, click on *Authorizations* on the side menu.



Home

Profile

- Registrant Information
- Employment Information
- Certificate of Registration
- Registration
  - Document Upload
  - Professional Development
  - Registration Renewal
  - Authorizations**
- Requests
  - Name Change Request
  - Document Request
- Other Pharmacy Registrations
- Professional Liability Insurance
- Invoices & Receipts
- Account Settings

**Home**

**Your Information**

First Name: Julie  
 Last Name: Reddy  
 Middle Name:   
 Telephone: (709) 555-5555  
 Email: jreddy@nlpb.ca

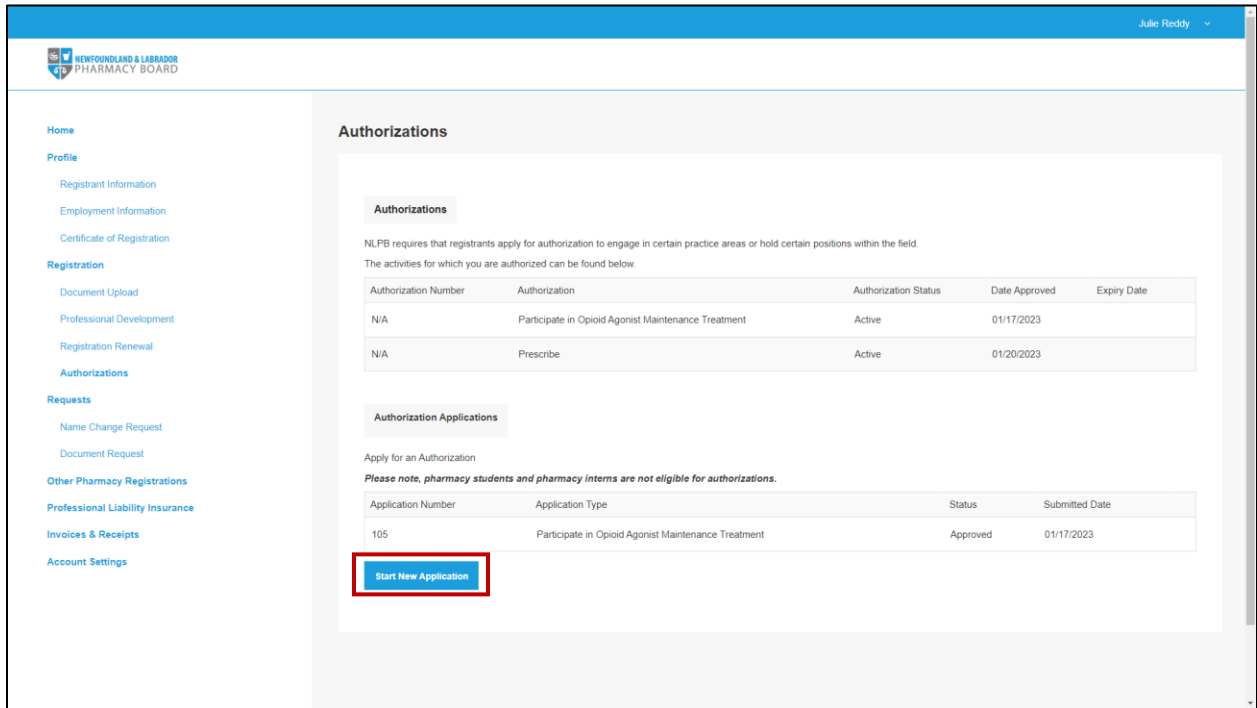
**Registrations**

Registration Type	Registration Number	Registration Status	Registration Effective Date	Registration Expiration Date
Pharmacist	99-9999	Active	01/01/2023	12/31/2023

**Outstanding Invoices**

Total: \$0.00 [View](#)

3. Click the *Start New Application* button to apply for an authorization.



**Authorizations**

NLPB requires that registrants apply for authorization to engage in certain practice areas or hold certain positions within the field. The activities for which you are authorized can be found below.

Authorization Number	Authorization	Authorization Status	Date Approved	Expiry Date
N/A	Participate in Opioid Agonist Maintenance Treatment	Active	01/17/2023	
N/A	Prescribe	Active	01/20/2023	

**Authorization Applications**

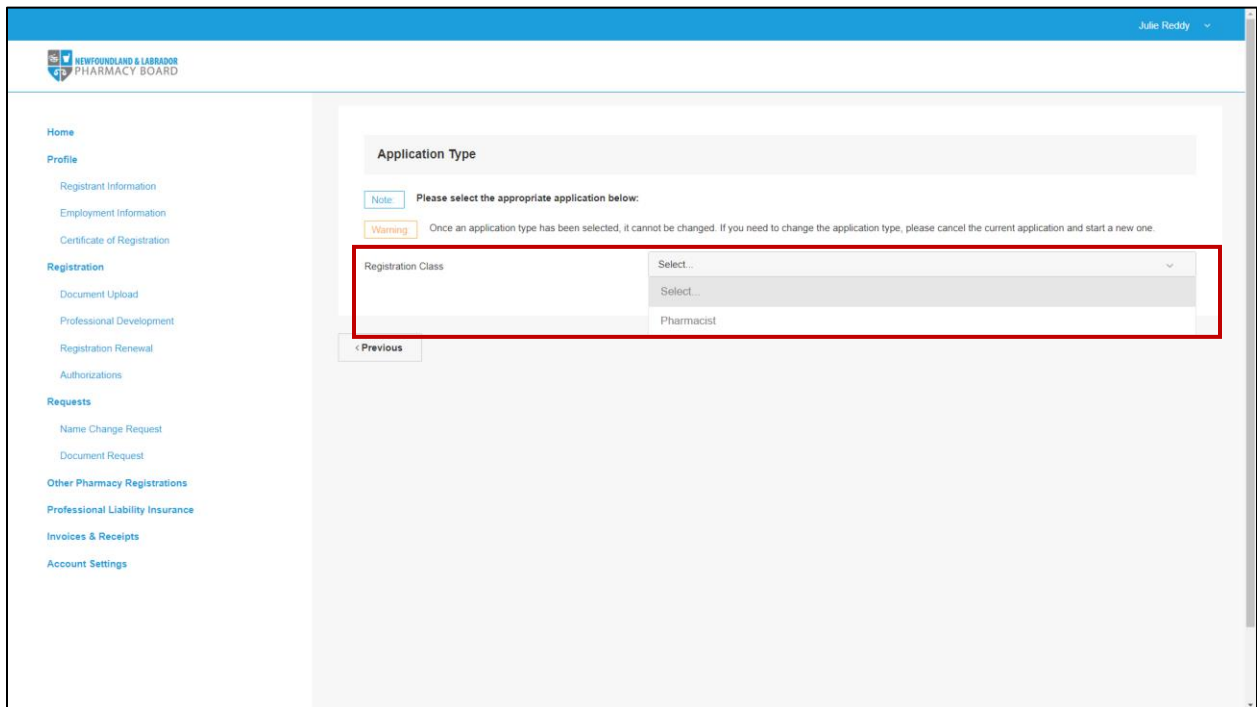
Apply for an Authorization

*Please note, pharmacy students and pharmacy interns are not eligible for authorizations.*

Application Number	Application Type	Status	Submitted Date
105	Participate in Opioid Agonist Maintenance Treatment	Approved	01/17/2023

[Start New Application](#)

4. Select your Registration Class from the drop-down menu to view all available authorizations.



**Application Type**

**Note:** Please select the appropriate application below:

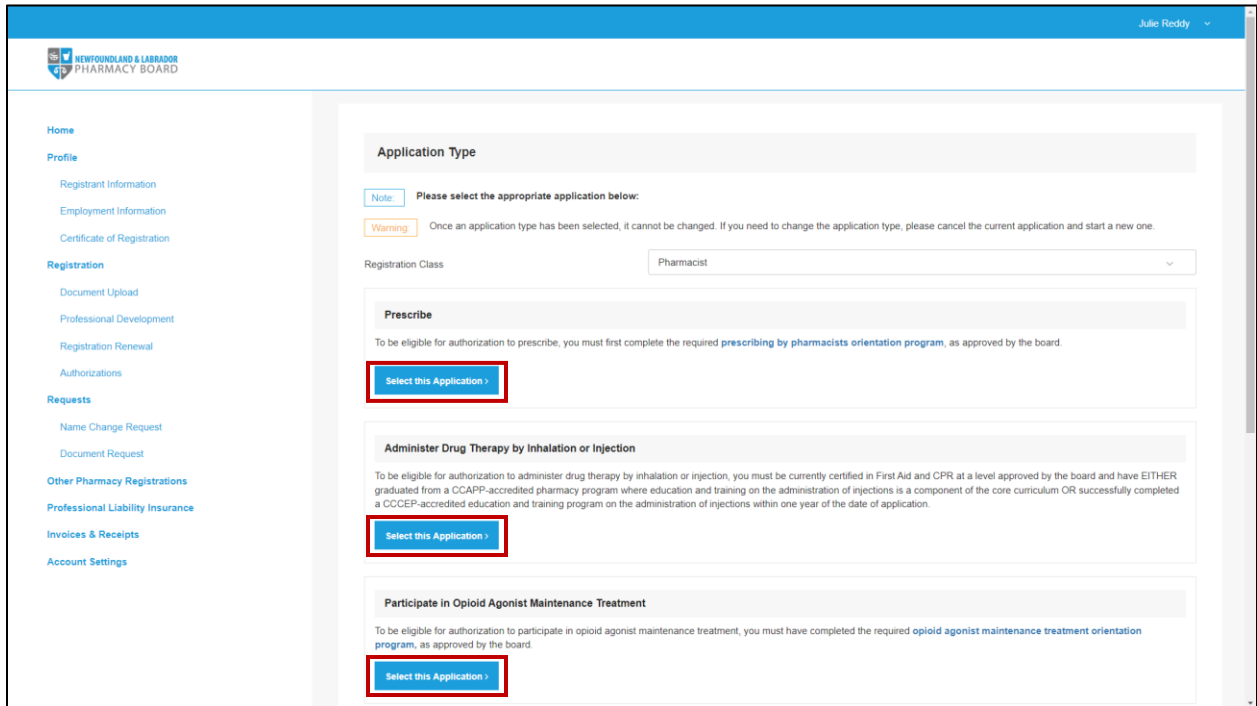
**Warning:** Once an application type has been selected, it cannot be changed. If you need to change the application type, please cancel the current application and start a new one.

Registration Class: Select...

Pharmacist

[Previous](#)

5. Scroll to the authorization for which you want to apply and select the *Select this Application* button.



**Application Type**

**Note:** Please select the appropriate application below.

**Warning:** Once an application type has been selected, it cannot be changed. If you need to change the application type, please cancel the current application and start a new one.

Registration Class: Pharmacist

**Prescribe**

To be eligible for authorization to prescribe, you must first complete the required **prescribing by pharmacists orientation program**, as approved by the board.

[Select this Application >](#)

**Administer Drug Therapy by Inhalation or Injection**

To be eligible for authorization to administer drug therapy by inhalation or injection, you must be currently certified in First Aid and CPR at a level approved by the board and have EITHER graduated from a CCAPP-accredited pharmacy program where education and training on the administration of injections is a component of the core curriculum OR successfully completed a CCCEP-accredited education and training program on the administration of injections within one year of the date of application.

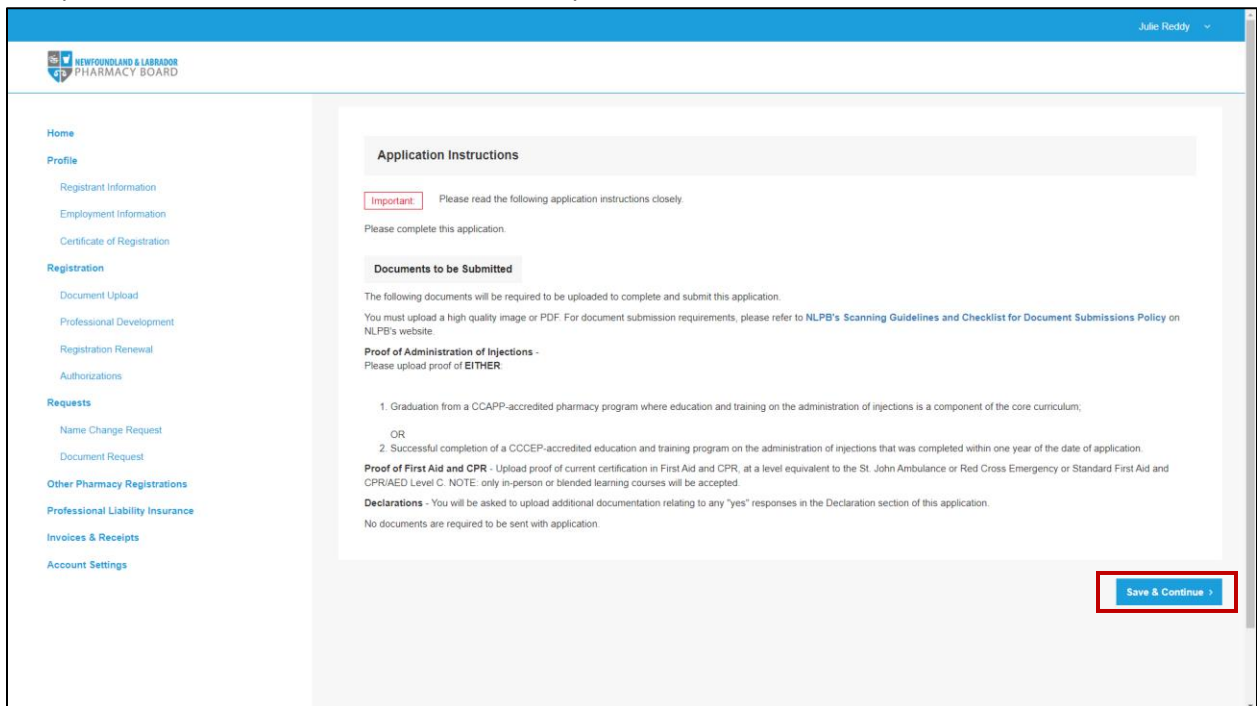
[Select this Application >](#)

**Participate in Opioid Agonist Maintenance Treatment**

To be eligible for authorization to participate in opioid agonist maintenance treatment, you must have completed the required **opioid agonist maintenance treatment orientation program**, as approved by the board.

[Select this Application >](#)

6. Review the *Documents to be Submitted* to ensure you have all required supporting documents ready for upload. Click the *Save & Continue* button to proceed.



**Application Instructions**

**Important:** Please read the following application instructions closely.

Please complete this application.

**Documents to be Submitted**

The following documents will be required to be uploaded to complete and submit this application. You must upload a high quality image or PDF. For document submission requirements, please refer to NLPB's **Scanning Guidelines and Checklist for Document Submissions Policy** on NLPB's website.

**Proof of Administration of Injections -**  
Please upload proof of EITHER:

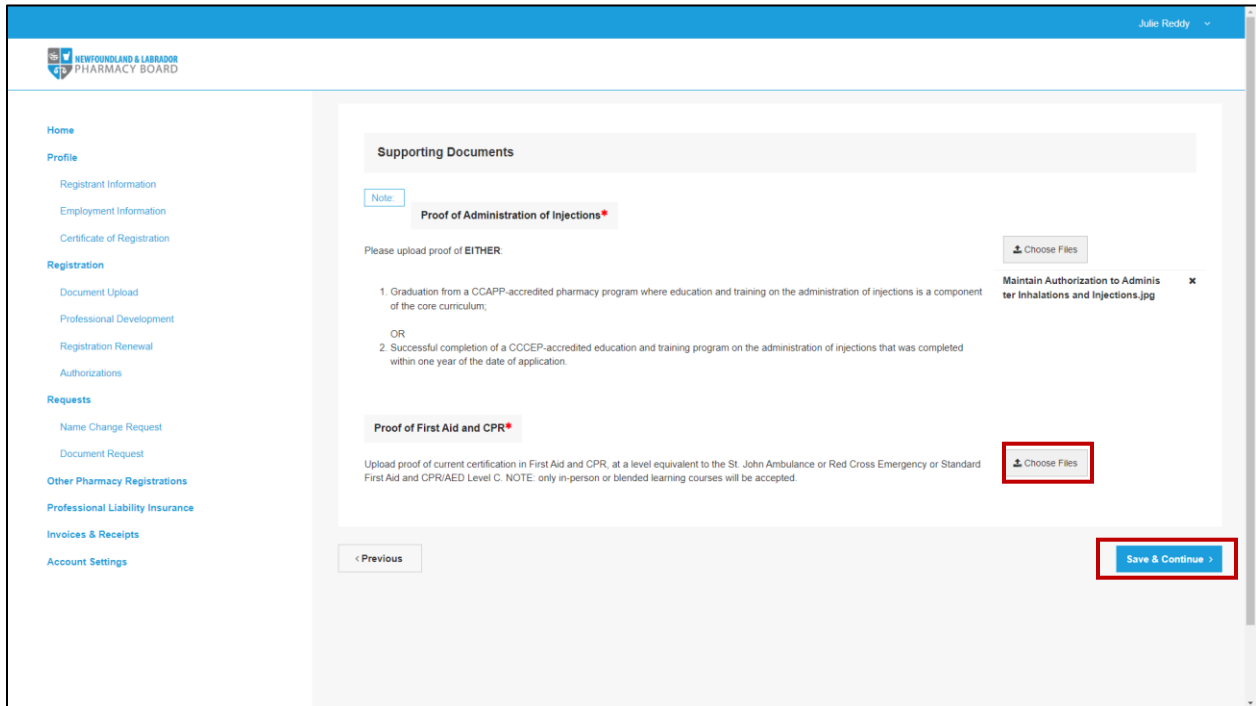
1. Graduation from a CCAPP-accredited pharmacy program where education and training on the administration of injections is a component of the core curriculum;
- OR
2. Successful completion of a CCCEP-accredited education and training program on the administration of injections that was completed within one year of the date of application.

**Proof of First Aid and CPR -** Upload proof of current certification in First Aid and CPR, at a level equivalent to the St. John Ambulance or Red Cross Emergency or Standard First Aid and CPRI/IED Level C. NOTE: only in-person or blended learning courses will be accepted.

**Declarations -** You will be asked to upload additional documentation relating to any "yes" responses in the Declaration section of this application. No documents are required to be sent with application.

[Save & Continue >](#)

7. Click the Choose Files button next to the required document to select a file to upload. Repeat for each required supporting document. Click the Save & Continue button to proceed.

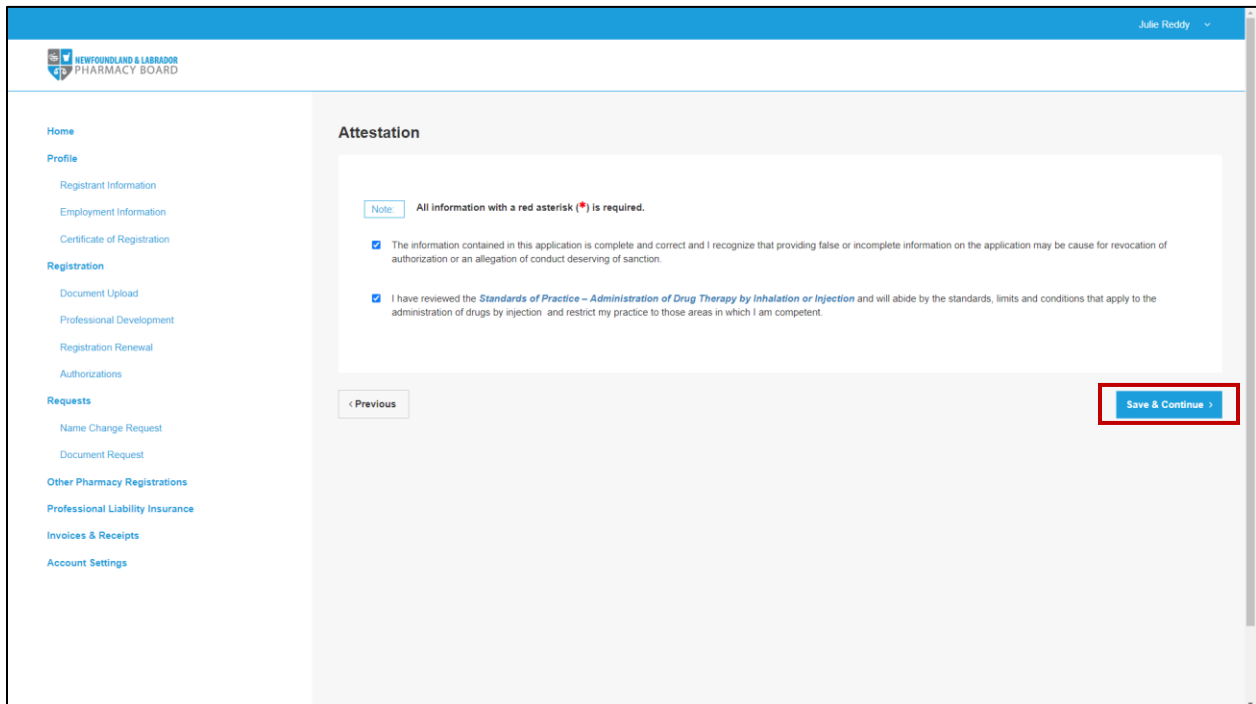


The screenshot shows the 'Supporting Documents' section of the user's profile. It contains two document upload areas:

- Proof of Administration of Injections\***: Includes a note, instructions to upload proof of either graduation from a CCAPP-accredited program or successful completion of a CCCEP-accredited program, and a 'Choose Files' button.
- Proof of First Aid and CPR\***: Includes instructions to upload proof of current certification and a 'Choose Files' button.

Navigation buttons include '< Previous' and 'Save & Continue >', with the latter highlighted by a red box.

8. Read and indicate whether you agree to the attestations by checking the appropriate checkboxes. Please note, to submit the application, you must agree to all. Click the *Save & Continue* button to proceed.

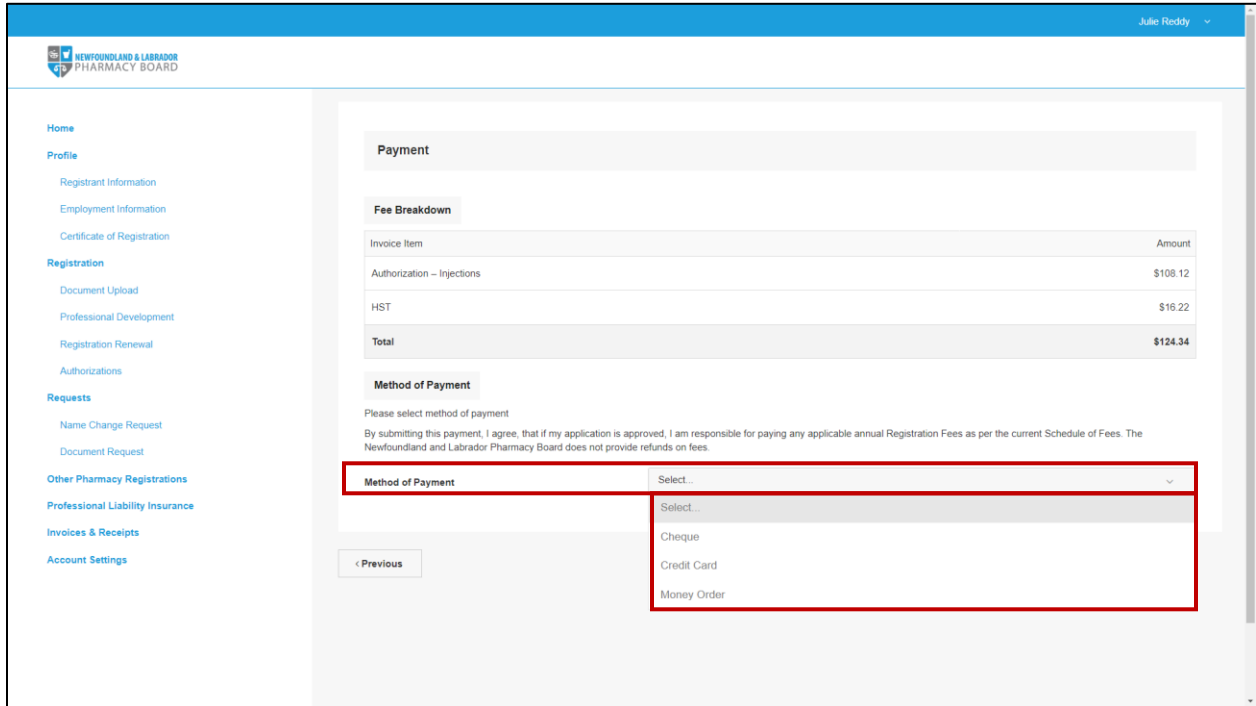


The screenshot shows the 'Attestation' section of the user's profile. It contains a note and two checkboxes:

- Note**: All information with a red asterisk (\*) is required.
- The information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may cause for revocation of authorization or an allegation of conduct deserving of sanction.
- I have reviewed the *Standards of Practice – Administration of Drug Therapy by Inhalation or Injection* and will abide by the standards, limits and conditions that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent.

Navigation buttons include '< Previous' and 'Save & Continue >', with the latter highlighted by a red box.

9. The payment screen summarizes the fees applicable to the authorization application. Please note, payment for no-fee authorizations will be processed at \$0. Select either *Cheque*, *Credit Card*, or *Money Order* from the *Method of Payment* drop-down field. Please note credit cards will be processed online, while cheques or money orders must be sent to the address provided.



The screenshot shows the payment screen for the Newfoundland & Labrador Pharmacy Board. The user is identified as Julie Reddy. The page is divided into a left sidebar with navigation links and a main content area. The main content area is titled "Payment" and contains a "Fee Breakdown" table, a "Method of Payment" dropdown menu, and a "Previous" button.

Invoice Item	Amount
Authorization – Injections	\$108.12
HST	\$16.22
<b>Total</b>	<b>\$124.34</b>

**Method of Payment**

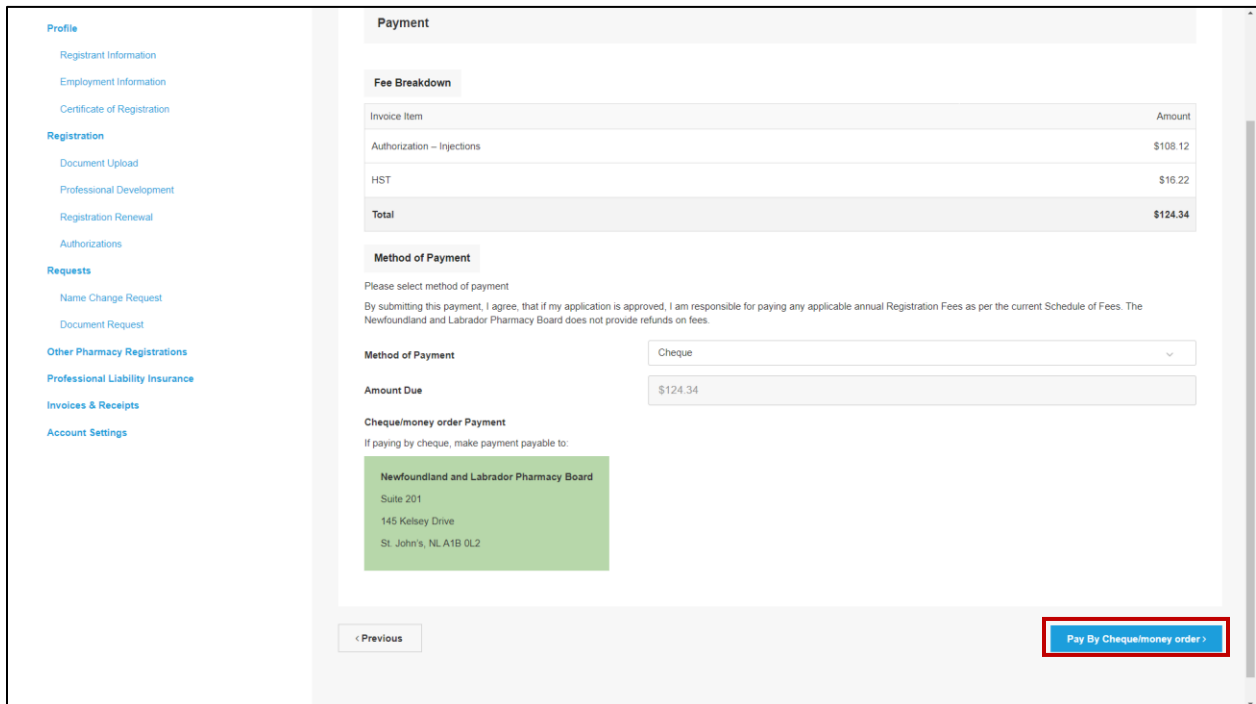
Please select method of payment

By submitting this payment, I agree, that if my application is approved, I am responsible for paying any applicable annual Registration Fees as per the current Schedule of Fees. The Newfoundland and Labrador Pharmacy Board does not provide refunds on fees.

Method of Payment: Select...  
 Select...  
 Cheque  
 Credit Card  
 Money Order

< Previous

10. Click the *Pay by...* button to proceed with payment and submit your application.



The screenshot shows the payment screen with the "Method of Payment" dropdown menu set to "Cheque". The "Amount Due" is \$124.34. The "Cheque/money order Payment" section is expanded, showing the address for payment: Newfoundland and Labrador Pharmacy Board, Suite 201, 145 Kelsey Drive, St. John's, NL A1B 0L2. The "Pay By Cheque/money order" button is highlighted with a red box.

**Method of Payment**

Please select method of payment

By submitting this payment, I agree, that if my application is approved, I am responsible for paying any applicable annual Registration Fees as per the current Schedule of Fees. The Newfoundland and Labrador Pharmacy Board does not provide refunds on fees.

Method of Payment: Cheque

Amount Due: \$124.34

**Cheque/money order Payment**

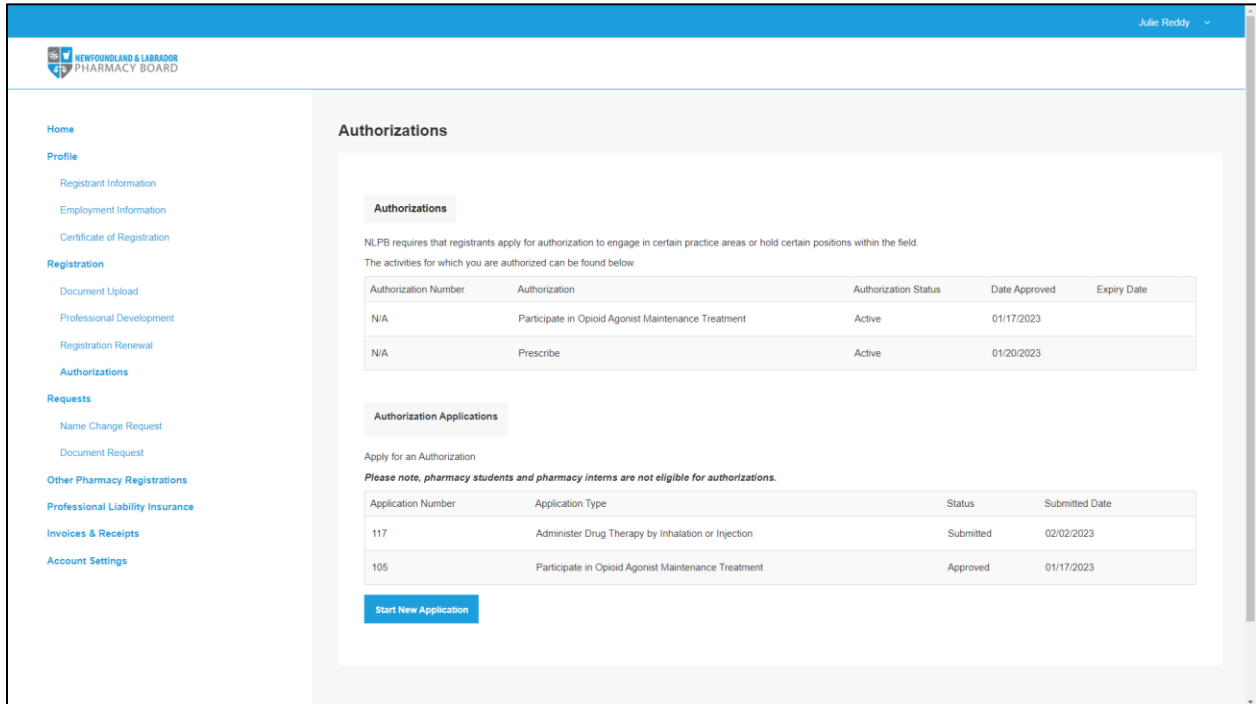
If paying by cheque, make payment payable to:

Newfoundland and Labrador Pharmacy Board  
 Suite 201  
 145 Kelsey Drive  
 St. John's, NL A1B 0L2

< Previous

Pay By Cheque/money order

- You will receive an email to confirm that your application has been submitted. Please allow 5-7 business days for your application to be processed. If approved, you will receive an email notifying you that your application has been approved. Approved authorizations will appear under the Authorizations section of your account in the Registrant Portal and will be listed on your public register record.



The screenshot shows the 'Authorizations' section of the Registrant Portal. The user is identified as Julie Reidy. The page includes a navigation menu on the left and a main content area with the following sections:

### Authorizations

NLPB requires that registrants apply for authorization to engage in certain practice areas or hold certain positions within the field. The activities for which you are authorized can be found below.

Authorization Number	Authorization	Authorization Status	Date Approved	Expiry Date
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N/A	Prescribe	Active	01/20/2023	

### Authorization Applications

Apply for an Authorization

*Please note, pharmacy students and pharmacy interns are not eligible for authorizations.*

Application Number	Application Type	Status	Submitted Date
117	Administer Drug Therapy by Inhalation or Injection	Submitted	02/02/2023
105	Participate in Opioid Agonist Maintenance Treatment	Approved	01/17/2023

[Start New Application](#)