



Request for Letter of Standing – Historical Proof of Registration

Pharmacy professional name: _____

Pharmacy professional previous names (if applicable): _____

Pharmacy professional license number: _____

This is to certify that I (*print name*), _____, have been licensed for the following years with the New Brunswick College of Pharmacists:

- | | | |
|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> Prior to 1999 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2020 |
| <input type="checkbox"/> 1999 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2021 |
| <input type="checkbox"/> 2000 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2022 |
| <input type="checkbox"/> 2001 | <input type="checkbox"/> 2012 | <input type="checkbox"/> 2023 |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2024 |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 2014 | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 2015 | <input type="checkbox"/> 2026 |
| <input type="checkbox"/> 2005 | <input type="checkbox"/> 2016 | <input type="checkbox"/> 2027 |
| <input type="checkbox"/> 2006 | <input type="checkbox"/> 2017 | <input type="checkbox"/> 2028 |
| <input type="checkbox"/> 2007 | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2029 |
| <input type="checkbox"/> 2008 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2030 |

Comments:

- I hereby declare that the contents of this request are true and complete to the best of my knowledge and belief.
- I understand there is a fee to process my letter of standing request. (<https://nbpharmacists.ca/fees/>)

Signature: Date:

An invoice will be available on your online profile, the standard processing time for applications is **14 days** from the day the payment has been made. The College will send your letter to the email address listed on your online College profile.