

Change of Designated Manager Form

A change in Designated Manager will be reflected on the pharmacy record upon the College receiving the completed and signed form. Please note that pharmacist directors automatically assume responsibility in the absence of a Designated Manager.

Pharmacy Information

A	Today's Date:	
	Pharmacy Owner/Corporation Name:	
	Pharmacy Name:	
	Pharmacy Accreditation Number:	
	Pharmacy Address:	

Designated Manager Information

B	Name of the New Designated Manager:	
	OCP Number:	
	Email Address (required):	
	Effective Date:	
	Name of Previous Designated Manager:	
	OCP Number:	
	Will the previous DM continue to work at this pharmacy location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with Narcotic Signing privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No

Owner/Director Authorization (All owner/director names and signatures are required)

	Owner/Director Name	OCP Number (if applicable)	Owner/Director Signature
C	1)		
	2)		
	3)		
	4)		
	5)		

NOTE: The College must be notified of any changes to the board of directors or shareholders. Please refer to the [Corporate Amendments](#) section of the website for more details.

The Role of the Designated Manager

A Designated Manager (DM) is a pharmacist in Part A of the register who is designated by the owner of the pharmacy as the pharmacist responsible for managing the pharmacy. While the College holds all its registrants accountable for their practice, Designated Managers carry additional responsibilities related to their role. The DM accepts the same accountability and responsibility as the owner and corporate directors for ensuring that the pharmacy conforms to the requirements set out in the Drug and Pharmacies Regulation Act and Regulations, which govern the accreditation, ownership, and operation of pharmacies.

The DM understands that their contact information will be shared with Pharmapod, a third-party vendor, for the purposes of the administration and set-up of the [AIMS Program](#).

The College's [Designated Manager \(DM\) e-Learning module](#) provides an overview of the key responsibilities of a Designated Manager. It is recommended that new Designated Managers access it, in order to have a better understanding of their responsibilities.

As the Designated Manager of the Pharmacy, please indicate your acknowledgment of the following 4 statements by initialing in each box and signing below:

Before starting the role of DM I will:

- Activate AIMS Pharmapod account upon receipt of instructions from Pharmapod (sent within 2wks of effective date)
- Review the [standards and expectations](#) of the Assurance and Improvement in Medication Safety (AIMS) Program
- Review the [regulations and operational requirements](#) for the profession and the business as well as the policies and procedures that are in place at the pharmacy
- Conduct a full inventory and reconciliation of all narcotic, controlled and targeted substances. This count can be used for future reconciliations.
- Review past assessment history which should be discussed with the owner. If the assessment reports are not available to review, once the change in DM has occurred with the College, previous assessment results are available to the DM through their online account.

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The DM is accountable for the following pharmacy functions:

- Professional Supervision of the Pharmacy
- Facilities, Equipment, Supplies and Drug Information
- Record Keeping and Documentation
- Medication Procurement and Inventory Management
- Training and Orientation
- Safe Medication Practices
- Assurance and Improvement in Medication Safety (AIMS) Program

The DM is responsible for meeting the [Standards of Operation of Pharmacies](#) and is required to be up to date with any changes to the College [policies and guidelines](#).

The DM is required to display their license or a [Designated Manager Certificate](#) for public view and it is the expectation of the College that the DM actively and effectively participates in the day-to-day management of the pharmacy.

I hereby acknowledge that I have read and I understand the Model Standards of Practice for Pharmacists, as approved by the Board of Directors of the Ontario College of Pharmacists and the policies mentioned above and I accept the responsibilities as defined in the Drug and Pharmacies Regulation Act (DPRA) Section 166.

I agree

PHARMACY NAME

DESIGNATED MANAGER NAME

OCP NUMBER

DESIGNATED MANAGER SIGNATURE

DATE SIGNED

Submit completed form by email to pharmacyapplications@ocpinfo.com, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4