

Drug Preparation Premises Closing Statement

*Must be filed within **30 days** of a DPP closing*

Drug Preparation Premises Information

A	DPP Name:		
	DPP Address		
	Date of Closing:	Accreditation Number:	

Disposition of Controlled Substances (Narcotics, Controlled Drugs, Targeted Substances)

B	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:	Phone number:	

Disposition of Prescription Drugs (Prescription Drug List, Schedule I)

☐ Same as Section B

C	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:	Phone number:	

Disposition of Non-Prescription Drugs (Schedule II, III, U)

☐ Same as Section C

D	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:	Phone number:	

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Disposition of Records			<input type="checkbox"/> Same as Section D
Name of DPP:		Accreditation Number:	
Address:			
City/Town:	Province:	City/Town:	
Email:		Phone number:	
Disposition of Records Agreement E To be completed by the Owner/Designated Member of the location accepting the records from the closing Drug Preparation Premise. I agree to accept the records from the Drug Preparation Premise submitting this closing statement. I acknowledge that in doing so I am responsible for making these records available to patients, the College (for assessment purposes), and the Ministry of Health and Long Term Care (for audit purposes).			
Signature of Owner/Designated Member accepting records:		OCP Number: (if applicable)	Date:
Email:		Phone number:	

Removal of Signs & Symbols Relating to the Premise	
F Date removed:	Additional Comments:

Closing Statement Completed by		
G Signature of Owner	OCP Number: (if applicable)	Date:
Email:		Phone number:

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