

# APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A HOSPITAL PHARMACY

## INSTRUCTIONS

As per Section 139 of the Drug and Pharmacies Regulation Act (DPRA), no person (corporations) shall operate a pharmacy unless a certificate of accreditation has been issued in respect thereof.

### Step 1: Select Application Type & Fees

Select which type of application you are submitting and identify the associated fees and sections of the application you are required to complete (Page 1).

### Step 2: Complete all sections as required based on your type of application

### Step 3: Enclose a copy of the Articles of Incorporation for the operating corporation

### Step 4: Enclose a copy of a Corporation Profile Report

Enclose a copy of a corporation profile report, issued by the Ministry of Government Services that is dated not more than **30 days** before the application is submitted to the College. To order a Corporation Profile Report online, go to the websites of any of the following service providers for the Ministry:

- OnCorpDirect Inc. [www.oncorp.com](http://www.oncorp.com)
- eservicecorp [www.eservicecorp.ca](http://www.eservicecorp.ca)

Or contact the Ministry directly at: Ministry of Government Services, Companies and Personal Property Security Branch, 375 University Ave, 2<sup>nd</sup> Floor, Toronto, M5G 2M2 Tel: 416-314-8880 or 1-800-361-3223.

### Step 5: Complete a Director of a Corporation Declaration of Good Character (page 2)

To fulfill the conduct requirements, the CEO of the Hospital must sign a Director of a Corporation Declaration of Good Character.

### Step 6: Enclose Payment

Fees may be submitted by credit card or by cheque payable to the Ontario College of Pharmacists.

### Step 7: Submit Application for Certificate of Accreditation as a Hospital Pharmacy

If paying by credit card, you may submit your completed application to the College by scanning and emailing the application form and all supporting documentation to the attention of Pharmacy Applications & Renewals at [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com) or fax to 416-847-8399.

If paying by cheque, mail your completed application form and all supporting documentation to:

Ontario College of Pharmacists  
Pharmacy Applications & Renewals  
483 Huron Street  
Toronto, ON M5R 2R4

## CHECKLIST

- 1. Complete Application for Certificate of Accreditation as a Hospital Pharmacy. **Submit only the required section.**
- 2. Copy of the Articles of Incorporation for the operating corporation
- 3. Copy of the Corporate Profile Report issued by the Ministry of Government Services or by a service provider which is under contract with the Ministry that is dated not more than 30 days before this application is submitted.
- 4. Completed Director of a Corporation Declaration of Good Character
- 5. Payment

# APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A HOSPITAL PHARMACY

## Application Type & Fees

Payment submitted with an application is composed of two fees, the application fee and the issuance fee. The application fee is based on the year the application is received by the College while the issuance fee is determined by the proposed opening/transaction date. If the proposed date falls in a new year, applicants must submit the issuance fee associated with the new year.

Refer to the Schedule of Fees: <https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf>

Application Type	Complete each application section as required								
	A	B	C	D	E	F	G	H	I
<b>Opening a Hospital Pharmacy</b>									
<input type="checkbox"/> Opening Date between May 10 <sup>th</sup> and Nov 9 <sup>th</sup> Fee: line 20 & line 30	✓	✓	✓				✓	✓	✓
<input type="checkbox"/> Opening Date between Nov 10 <sup>th</sup> and May 9 <sup>th</sup> Fee: line 20 & line 31	✓	✓	✓				✓	✓	✓
<input type="checkbox"/> <b>Hospital Pharmacy Sale</b> Fee: line 20 & line 32	✓	✓		✓			✓	✓	✓
<input type="checkbox"/> <b>Corporate Amalgamation</b> Fee: line 20 & line 32	✓	✓				✓	✓	✓	✓
<input type="checkbox"/> <b>Hospital Pharmacy Relocation</b> Fee: line 20 & line 32	✓	✓			✓		✓	✓	✓

## Corporate Information

Corporation Name

Street Address

City

Province

Postal Code

Phone Number

Fax Number

### A Corporation Contact

The Corporate Contact is the person legally accountable for the corporation and will act as the primary contact person for all corporate matters.

Corporate Contact Name

OCP Number (if applicable)

Email Address

Phone Number

Signature

Date

A corporation which has never established or operated a hospital pharmacy in Ontario must submit the following:

- Articles of Incorporation
- Corporation Profile Report

## DIRECTOR OF A CORPORATION DECLARATION OF GOOD CHARACTER

To complete Step 4 of the application evidence of good character is required of the Directors of the Corporation. In recognition of the complex nature of the Board of Directors of a hospital the College will consider the good character requirement to be fulfilled upon receipt of a duly executed Declaration of Good Character by the CEO\* of the Hospital.

In my capacity as a director of the corporation (Corporation), I make the following declarations:

1. I am the member of the Board of Directors of the Corporation and the person in charge of the hospital, as that phrase is interpreted in the Narcotic Control Regulations (C.R.C., C.1041, sections 63, 64 and 65).
2. There are no outstanding proceedings where any allegation of improper business practice have been made against me in any jurisdiction, whether in relation to the operation of a pharmacy or any other regulated profession or business.
3. There are no completed proceedings where allegations of improper business practices were made against me, whether in relation to the operation of a pharmacy or any other regulated profession or business, other than a proceeding completed on its merits in which I was found not to have engaged in any improper business practice.
4. There is nothing in my past or present conduct that would provide reasonable grounds for the belief that the pharmacy would not be operated with decency, honesty and integrity and in accordance with the law.
5. I agree and understand that I am responsible for providing the Registrar with the details of any new information that should arise after the completion of this application that would change my response to any of the statements on this declaration. I understand that this requirement will continue even after the date the Certificate of Accreditation is issued.
6. I hereby declare, that the contents of this application including the statements contained herein are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect of the application, the Corporation shall be deemed not to have satisfied the requirements for issuance of a Certificate of Accreditation. I further understand and agree that if a Certificate of Accreditation is issued based upon a false or misleading statement or representation, that Certificate of Accreditation may be revoked by the Registrar or the Accreditation Committee.

**B**

CORPORATION NAME

HOSPITAL NAME

SITE/LOCATION

CEO NAME

OCP NUMBER (IF APPLICABLE)

CEO SIGNATURE

DATE SIGNED

## OPENING A NEW HOSPITAL PHARMACY

<b>C</b>	HOSPITAL SITE NAME			PROPOSED OPENING DATE
	STREET ADDRESS		CITY	PROVINCE
	PHONE NUMBER	FAX NUMBER	WEBSITE	

## PURCHASING A HOSPITAL PHARMACY

In accordance with [Ontario Regulation 264/16](#) of the Drug and Pharmacies Regulation Act, a certificate of accreditation shall be issued in the specific name of the owner of the pharmacy. Purchasing an existing pharmacy is therefore equivalent to opening a new pharmacy and will result in the issuance of a new certificate of accreditation.

### PHARMACY TO BE PURCHASED

HOSPITAL SITE NAME			CURRENT ACCREDITATION NUMBER
STREET ADDRESS		CITY	PROVINCE
			POSTAL CODE

### NEW PHARMACY INFORMATION

<b>D</b>	HOSPITAL SITE NAME			PROPOSED TRANSACTION DATE
	PHONE NUMBER	FAX NUMBER	WEBSITE	

### SELLER ACKNOWLEDGEMENT

As the CEO of the corporation which holds the certificate of accreditation for the pharmacy to be purchased, I hereby confirm that the corporation has entered into an agreement to sell the pharmacy to the corporation noted in Section A of this application.

I agree

NAME OF THE CEO OF THE PHARMACY TO BE PURCHASED (SELLER)		OCP NUMBER (IF APPLICABLE)
CEO SIGNATURE		DATE SIGNED

## RELOCATING A HOSPITAL PHARMACY

In accordance with [Ontario Regulation 264/16](#) of the Drug and Pharmacies Regulation Act, a certificate of accreditation shall be issued for the specific municipal address\* at which the pharmacy is to be operated. Relocating an existing pharmacy is therefore equivalent to opening a new pharmacy and will result in the issuance of a new certificate of accreditation.

\*A unit number is not considered a part of a municipal address of a pharmacy. If an accredited pharmacy is moving to a new unit at the same municipal address, please submit a [Notice of Pharmacy Renovation](#).

### CURRENT LOCATION

PHARMACY NAME			CURRENT ACCREDITATION NUMBER
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

### NEW LOCATION

PHARMACY NAME			PROPOSED TRANSACTION DATE
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	FAX NUMBER	WEBSITE	

### CEO SIGNATURE

NAME OF THE CEO	OCP NUMBER (IF APPLICABLE)
CEO SIGNATURE	DATE SIGNED

## AMALGAMATION

In accordance with [Ontario Regulation 264/16](#) of the Drug and Pharmacies Regulation Act, a certificate of accreditation shall be issued in the specific name of the owner of the pharmacy. The amalgamation of a corporation which operates an existing pharmacy with another corporation results in the creation of a new amalgamated corporation and is therefore equivalent to opening a new pharmacy and will result in the issuance of a new certificate of accreditation.

### Current Hospital Pharmacy Information

PHARMACY NAME			ACCREDITATION NO.
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

### AMALGAMATING CORPORATIONS

CORPORATION NAME
CORPORATION NAME
CORPORATION NAME

### NEW AMALGAMATED CORPORATION INFORMATION

**F** Complete [Section A](#) of this application to list the address and contact information as well as the names of the director(s) and shareholder(s) of the new amalgamated corporation.

CORPORATION NAME (NEW OWNER)	PROPOSED AMALGAMATION DATE
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### NEW HOSPITAL PHARMACY INFORMATION

PHARMACY NAME		
PHONE NUMBER	FAX NUMBER	EMAIL

### ACKNOWLEDGEMENT

As the CEO of the new amalgamated corporation I hereby acknowledge that the new pharmacy will only be issued a certificate of accreditation upon submission of a copy of the Articles of Amalgamation and signed Share Certificates filed with the Ministry of Government Services.  I agree

CEO NAME	OCP NUMBER (IF APPLICABLE)
CEO SIGNATURE	DATE SIGNED

## HOSPITAL PHARMACY INFORMATION

### Designated Contact

The Designated Contact is the person the College will reach out to for all pharmacy matters including the pharmacy annual renewal.

Designated Contact Name OCP NUMBER (IF APPLICABLE)

Phone EMAIL

### Pharmacy Manager

Same as Designated Contact

Pharmacy Manager Name OCP NUMBER (IF APPLICABLE)

Phone EMAIL

### Narcotic Signers (Registered with OCP)

Registrant Name OCP NUMBER

Registrant Name OCP NUMBER

Registrant Name OCP NUMBER

Registrant Name OCP NUMBER

Registrant Name OCP NUMBER

Registrant Name OCP NUMBER

G

### OTHER PHARMACY PERSONNEL

Pharmacists without narcotic signing authority and pharmacy technicians who will practice at the new pharmacy are required to update their workplace information online by logging into their account at [www.ocpinfo.com](http://www.ocpinfo.com) and may do so once the new pharmacy has been activated and appears on the College's [Find a Pharmacy or Pharmacy Professional](#) tool.

### Pharmacy Hours

<input type="checkbox"/> Open 24 Hours	From	To	Closed
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

Staffed on Holidays  Yes  No

On-Call Services:  Contracted out  Hospital staff  N/A

## HOSPITAL PHARMACY SERVICES

Please indicate the services to be offered by the new pharmacy

Hospital site is designated as a Regional Centre?

Dispense Methadone?

Compound **non-hazardous STERILE** preparations?

- The pharmacy is compounding sterile preparations that require specialized equipment and specialized training/knowledge to customize a medication for a patient. This includes the reconstitution, manipulation or repackaging of sterile or nonsterile products to produce a sterile final product. See [Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#) for examples of non-hazardous sterile preparations and more information.

Compound **hazardous STERILE** preparations?

- The pharmacy is compounding sterile preparations with hazardous products that require specialized equipment and specialized training/knowledge to customize a medication for a patient. This includes the reconstitution, manipulation or repackaging of sterile or nonsterile products to produce a sterile final product. See [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#) for more information.

Compound Level A **NON-STERILE** preparations?

- Level A is required when compounding non-hazardous drugs, and includes having a separate, designated compounding area and general requirements for policies, procedures, training and equipment. Level A is the minimum requirement for pharmacies engaged in any compounding activities whatsoever, regardless of the type of preparation, quantity or frequency. (Refer to the [algorithm](#) and Section 8 of the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#))

Compound Level B **NON-STERILE** preparations?

- Level B is required when compounding hazardous drugs that require ventilation, including a dedicated room that is separate from the rest of the pharmacy and specialized policies, procedures, training, equipment and/or instruments. (Refer to the [algorithm](#) and Section 8 of the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#))

Compound Level C **NON-STERILE** preparations?

- Level C is required when compounding hazardous drugs (including those in NIOSH Group 1 or in WHMIS as very irritating to the respiratory tract, skin or mucous membranes). Level C requirements include a room under negative pressure, a ventilated containment device and appropriate personal protective equipment. Refer to [Section 9](#) of the Guidance Document. (Refer to the [algorithm](#) and Section 8 of the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#))

Service Long Term Care/Nursing Homes?

- The pharmacy provides medication management services to residents of **licensed** long term care homes.

### Bed Information

Total Number of Beds

Number of Beds for Acute Care

H



