



Application for Replacement Wall Certificate

I am applying for a replacement Certificate because:	Complete Sections:	Fee
<input type="checkbox"/> My legal name has changed	A, B and D	Please refer to the Schedule of Fees on our website: https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf
<input type="checkbox"/> My original certificate has been damaged, lost or stolen	A, C and D	

Contact Information

Please provide information currently on record with the College

Current Surname:

OCP Number:

A

Current Given Name(s) in full:

Previous Surname (if applicable):

Legal Name Change

To change your name, you must submit a copy of your marriage certificate or an official name changed document with this application:

Circle one: Mr. Ms. Mrs. Miss

New Surname:

B

Current Given Name(s) in full:

Damaged, Lost or Stolen Certificate

Please describe the circumstances by which your original certificate was damaged, lost or stolen:

C

Declaration

I hereby declare that my original certificate will not be displayed in a pharmacy and acknowledge that it is no longer a valid wall certificate.

☐ I agree

D

Signature:

Date:



Ontario College
of Pharmacists
Putting patients first since 1871

Application for Replacement Wall Certificate

PAYMENT INFORMATION

Registrant's Last Name (Surname):

Registrant's First Name:

OCP Number:

☐ I wish to pay by Credit Card

Amount:

Credit Card Number:

Expiry Date:

☐ Visa

☐ Mastercard

☐ American Express

Cardholder's Name: (as it appears on credit card)

Cardholder Signature:

Date:

Telephone:

☐ I am enclosing a cheque

Payable to Ontario College of Pharmacists in the amount of:

Amount:

Submit completed forms by email to registrantservices@ocpinfo.com

or mail to the attention of Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4