

# HOSPITAL PHARMACY CHANGE OF MANAGER AND/OR DESIGNATED CONTACT FORM

The Change of Manager and/or Designated Contact Form should only be used by Accredited Hospital Pharmacies wishing to change the Manager and/or Designated Contact on file with the College. All changes must be authorized by the Hospital's CEO.

## HOSPITAL PHARMACY INFORMATION

<b>A</b>	HOSPITAL NAME		ACCREDITATION No.
	STREET ADDRESS	CITY	PROVINCE Ontario
			POSTAL CODE

## MANAGER INFORMATION (IF CHANGING)

<b>B</b>	<b>NEW MANAGER</b>		
	MANAGER'S NAME	OCP NUMBER (IF APPLICABLE)	EFFECTIVE DATE OF CHANGE
	CONTACT PHONE NUMBER (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
	<b>PREVIOUS MANAGER</b>		
	NAME	OCP NUMBER (IF APPLICABLE)	
	Will the previous Manager continue to work in the pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## DESIGNATED CONTACT INFORMATION (IF CHANGING)

<b>C</b>	<b>NEW DESIGNATED CONTACT</b>		
	CONTACT'S NAME	OCP NUMBER (IF APPLICABLE)	EFFECTIVE DATE OF CHANGE
	CONTACT PHONE NUMBER (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
	<b>PREVIOUS CONTACT</b>		
	NAME	OCP NUMBER (IF APPLICABLE)	

The Designated Contact is the individual who will act as the representative for the hospital and serve as the primary contact person with the College. Please note, the Designated Contact will receive all communication from the College including, but not limited to: Site visit notifications, Annual Renewal notifications/reminders, Assessment Reports and Information relevant to the Hospital.

## AUTHORIZATION

<b>D</b>	I hereby authorize the change of Manager and/or Designated Contact for the Hospital.		
	_____	_____	Hospital CEO
	Print Name	OCP Number <i>(if applicable)</i>	Role
			Signature

Submit completed form by email to [pharmacyapplications@ocpinfo.com](mailto: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