

**Workplace Information** 

## Request for Controlled Substance Signing Authority for Hospital Pharmacies

The person in charge of a hospital may authorize a pharmacist to sign purchase orders for, and/or receipt of, controlled substances (narcotics, controlled drugs and targeted substances) in accordance with the *Controlled Drugs and Substances Act* and regulations thereunder.

Complete this form to add or remove these signing privileges for a pharmacist at an accredited hospital pharmacy. The public register indicates when a pharmacist has been authorized to order/receive controlled substances at their workplace.

Α	Today's Date:	Accreditation Number:					
	Owner/Corporation Name:						
	Hospital Site Name:						
	Address:	STREET ADDRESS			CITY		POSTAL CODE
Authority to Order/Receive Controlled Substances							
	Pharmacist Name		OCP Numbe	r	ADD Signing authority	<b>REMOVE</b> Signing authority	Effective Date  DD-MMM-YYYY
В	1)						
	2)						
	3)						
	4)						
	5)						
	6)						
	7)						
	8)						
Hospital CEO Authorization							
	I hereby authorize the addition and/or removal of controlled substances signing privileges for the pharmacist(s) listed above						
С			Hospital CEO				
	Print Name OCP Number (if applicable)		Role			Signature	

**Submit completed form** by email to <a href="mailto:pharmacyapplications@ocpinfo.com">pharmacyapplications@ocpinfo.com</a>, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4

Please check the College's Public Register at <a href="www.ocpinfo.com">www.ocpinfo.com</a> for all controlled substance signing updates.

Version Number: 2.0

Date: September 2021