

Request for Controlled Substance Signing Authority for Community Pharmacies

The owner or Designated Manager of a community pharmacy 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 community pharmacy. The public register indicates when a pharmacist has been authorized to order/receive controlled substances at their workplace.

Workplace Information					
A	Today's Date:		Accreditation Number:		
	Owner/Corporation Name:				
	Pharmacy Name:				
	Address:	STREET ADDRESS	CITY	POSTAL CODE	

Authority to Order/Receive Controlled Substances						
B	Pharmacist Name	OCP Number	ADD <i>Signing authority</i>	REMOVE <i>Signing authority</i>	Effective Date <i>DD-MMM-YYYY</i>	
	1)					
	2)					
	3)					
	4)					
	5)					
	6)					
	7)					
	8)					

Owner/Designated Manager Authorization				
C	I hereby authorize the addition and/or removal of controlled substances signing privileges for the pharmacist(s) listed above.			
	Print Name	OCP Number <i>(if applicable)</i>	Please select Role	Signature

Submit completed form by email to 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

Please check the College's Public Register at www.ocpinfo.com for all controlled substance signing updates.