



## NOTIFICATION TO ENGAGE IN OR SUPERVISE DRUG PREPARATION ACTIVITIES

As stated in the *Pharmacy Act*, O. Reg, Part XV, S 56(1):

**A Drug preparation premises (DPP)** – Any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include:

- A pharmacy in respect of which a valid certificate of accreditation has been issued under the *Drug and Pharmacies Regulation Act*.
- A premises in respect of which a valid establishment license has been issued under the *Food and Drugs Act (Canada)*, or
- A hospital or a health or custodial institution approved or licensed under any general or special Act.

**Drug Preparation Activities** – Reconstituting, diluting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription.

Any registrant of the Ontario College of Pharmacists who engages in or supervises drug preparation activities at, or in connection with a drug preparation premises, is required under the *Pharmacy Act*, O. Reg, Part XV, S 60(1) to provide the College with the information found on this form:

Please complete this form including payment for an inspection and return it by email to [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com) or by fax to 416-847-8399.

As per the *Pharmacy Act*, O Reg, 256/24, S 60(2) an inspection will be performed within 60 days of notification

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## CORPORATE INFORMATION (COMPANY THAT OWNS THE DPP)

<b>A</b>	CORPORATION NAME		
	Street Address		
	City	Province	Postal Code
	Phone Number	Fax Number	
	<b>Corporation Contact</b>		
	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

## DPP INFORMATION

<b>B</b>	DPP NAME			PROPOSED OPENING DATE
	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
			ONTARIO	
	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	

## DPP PERSONNEL (ONLY LIST MEMBERS OF THE COLLEGE)

<b>C</b>	<b>Designated Member (serves as the contact person with the College)</b>	
	Designated Member Name	OCP NUMBER
	<b>Others</b>	
	Registrant Name	OCP NUMBER
	Registrant Name	OCP NUMBER
	Registrant Name	OCP NUMBER
	Registrant Name	OCP NUMBER
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The College will contact the Designated Member to schedule an inspection.

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## Compounding Supervisors

If the DPP compounds any preparation, the compounding supervisor(s) and the method of compounding they are supervising must be identified.

**D**

Supervisor's Name	OCP Number	Compounding Supervisor of:		
		Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## DPP INSPECTION PAYMENT INFORMATION

Refer to the Schedule of Fees on our website (line 19) – fee should be based on the year the inspection will occur:

<https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf>

DPP NAME

☐ I am enclosing a cheque made payable to the Ontario College of Pharmacists in the amount of:

Amount

☐ I authorize the Ontario College of Pharmacists to charge the credit card below in the amount of:

AMOUNT

### CREDIT CARD AUTHORIZATION

☐ Visa

☐ MasterCard

☐ American Express

CREDIT CARD NUMBER

EXPIRY DATE (MM/YY)

CARDHOLDER'S NAME

TELEPHONE

CARDHOLDER'S SIGNATURE

DATE SIGNED

- **If paying by credit card**, you may submit your completed notification to the College by scanning and emailing the application form 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**, please mail your complete notification to:

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