

Hospital Pharmacy Closing Statement

Must be filed within 30 days of a hospital pharmacy closing

Hospital Pharmacy Information

A	Owner of Pharmacy/Corporation Name:	
	Hospital Pharmacy Name:	
	Date of Closing:	Accreditation Number:

Disposition of Controlled Substances (Narcotics, Controlled Drugs, Targeted Substances)

B	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:		Phone number:

Disposition of Prescription Drugs (Prescription Drug List, Schedule I)

 Same as Section B

C	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:		Phone number:

Disposition of Non-Prescription Drugs (Schedule II, III, U)

 Same as Section C

D	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:		Phone number:

Hospital Pharmacy Closing Statement

Must be filed within **30 days** of a hospital pharmacy closing

Disposition of Patient Records			<input type="checkbox"/> Same as Section D
Name of Hospital Pharmacy:		Accreditation Number:	
Address:			
City/Town:	Province:	City/Town:	
Email:		Phone number:	
E	Disposition of Patient Records Agreement		
	<i>To be completed by the Hospital CEO/Designated Contact of the pharmacy accepting the patient records from the closing pharmacy.</i>		
	I agree to accept the patient records from the pharmacy submitting this closing statement. I acknowledge that in doing so I am responsible for making these records available to patients, the College (for assessment purposes), and the Ministry of Health and Long Term Care (for audit purposes).		
	Signature of Hospital CEO/Designated Contact accepting records:	OCP Number: (if applicable)	Date:
Email:		Phone number:	

Removal of Signs & Symbols Relating to the Practice of Pharmacy	
F	Date removed: Additional Comments:

Closing Statement Completed by			
G	Signature of Hospital CEO	OCP Number: (if applicable)	Date:
	Email:		Phone number:

Submit completed form by email to pharmacyapplications@ocpinfo.com,
or by fax to 416-847-8399,
or by mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4