

## Overview

Please review the following information to understand the professional obligations of the Owner/Designated Manager (DM) when closing a pharmacy:

1. Every person who permanently closes a pharmacy must file a Pharmacy Closing Statement with the College Registrar within **30 days** of the closing. [Drug and Pharmacies Regulation Act \(DPRA\) s141](#).
2. Every person who permanently closes a pharmacy must immediately remove all signs and symbols relating to the practice of pharmacy within or outside the premises. This includes all publicly available references, including but not limited to, advertisements, webpages, media or directory listings which refer to the premises as a pharmacy or contain designated terms (i.e., “drug” or “medicine”). [DPRA s141, s147](#).
3. Every person who permanently closes a pharmacy must remove all drugs and/or dispose of all drugs in an environmentally safe manner. All non-controlled prescription and non-prescription drugs (e.g., Schedule I, II and III drugs, etc.) must be dispositioned to another accredited pharmacy, a registered drug wholesaler, or returned to the manufacturer. [DPRA s141, s147](#); [Food and Drug Regulations \(FDR\)C.01.043](#).
4. Controlled substances (i.e. narcotics, controlled drugs and targeted substances) may be:
  - Sent/returned to the licensed dealer who provided/is licensed to destroy the substances
  - Destroyed locally in accordance with legislation and the Health Canada [Guidance Document for Pharmacists, Practitioners and Persons in Charge of Hospitals: Handling and Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs or Targeted Substances](#).
  - Transferred to another pharmacist in good standing. Both pharmacists must take inventory of the substances, sign and keep a record of this inventory transfer in an auditable format.

This information, along with a physical inventory count of controlled substances at the time of closure, must be signed and sent within 10 days to Health Canada’s Office of Controlled Substances (OCS). These records must be kept for a period of 2 years and made available to a Health Canada inspector upon request. A Pharmacy Closure Form and sample physical inventory form (CS-FRM-091) is available upon request from OCS: [hc.compliance-conformite.sc@canada.ca](mailto:hc.compliance-conformite.sc@canada.ca). [FDR G.03.012 - G.03.016](#); [Benzodiazepines and Other Targeted Substances Regulations s55\(1\),\(3\),\(4\), s56](#); [Narcotic Control Regulations s45](#).

5. Patients must continue to be able to access their personal health information. Pharmacies are required to take reasonable efforts to give notice to patients before transferring their records or, if that is not reasonably possible, as soon as possible thereafter. If it is not reasonable to contact each individual, multiple means of providing notice should be adopted, such as, but not limited to: placing a notice on the pharmacy’s website, leaving an outgoing message at the pharmacy’s telephone number, posting a notice where members of the public can readily view it, etc. [DPRA s157](#); [Personal Health Information Protection Act s13](#); [OCP Guideline -- Record Retention, Disclosure, and Disposal](#)
6. All records and documents relating to the care of a patient, including the original prescriptions, must be maintained for a period of at least 10 years from the last recorded professional pharmacy service provided to the patient, or until 10 years after the day on which the patient reached, or would have reached, the age of 18 years, whichever is longer. [O. Reg 264/16 s21](#); [OCP Guideline -- Record Retention, Disclosure, and Disposal](#)

Pharmacy Information			
<b>A</b>	Pharmacist Owner/Corporation Name:		Accreditation Number:
	Pharmacy Name (by which the pharmacy is known to the public):		Date of Closing*:
	<p><i>*First full day the pharmacy will be closed. For example, if the pharmacy closes at the end of business hours on a Friday, use Saturday's date.</i></p>		

Removal of Signs & Symbols Relating to the Practice of Pharmacy					
<b>B</b>	<table border="1"> <tr> <td>Date removed:</td> <td>Additional Comments:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date removed:	Additional Comments:		
Date removed:	Additional Comments:				

Disposition of Controlled Substances (Check and complete all that apply)			
<b>C</b>	<input type="checkbox"/> <b>Sent/returned to Licensed Dealer:</b>		Phone number:
	Address:		City/Town: Province: Postal Code:
	<input type="checkbox"/> <b>Local destruction and disposal</b> in accordance with Health Canada's <u>Guidance Document</u> and applicable federal, provincial and/or municipal regulations.		
	<input type="checkbox"/> <b>Sold/transferred</b> to another pharmacist in accordance with federal legislation and OCS requirements.		
	Receiving Pharmacist:		OCP Number: Pharmacy Accreditation Number:

Disposition of Prescription Drugs (Prescription Drug List, Schedule I)			
<b>D</b>	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)			<input type="checkbox"/> Same as Section D
<b>E</b>	Name of Pharmacy or Wholesaler:		Accreditation Number:
	Address:		City/Town: Province: Postal Code:
	Email:		Phone number:

Pharmacy Information	
<b>A</b>	Pharmacy Name (by which the pharmacy is known to the public):
	Accreditation Number:

Disposition of Patient Records			<input type="checkbox"/> Same as Section D
<b>F</b>	Name of Pharmacy:		Accreditation Number:
	Address:		Postal Code:
	City/Town:	Province:	
	Email:	Phone number:	
<b>Disposition of Patient Records Agreement</b> <i>(To be completed by the Owner/Designated Manager of the pharmacy accepting the patient records from the closing pharmacy.)</i>			
I agree to accept the patient records, in their entirety, 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, and the Ministry of Health, in accordance with the <a href="#">Drug and Pharmacies Regulation Act (DPRA)</a> , <a href="#">Personal Health Information Protection Act s13</a> , <a href="#">OCP Guideline -- Record Retention, Disclosure, and Disposal</a> , and any other applicable legislation.			
Name of Owner/Designated Manager accepting custody of patient records:		OCP Number:	
Signature:		Date:	
Email:		Phone number:	

Closing Statement Completed by	
<b>G</b>	Name of Owner/Designated Manager:
	Signature:
	Email:

Submit completed form (2 pages) by email to [pharmacyapplications@ocpinf.com](mailto:pharmacyapplications@ocpinf.com),  
or by fax to 416-847-8399  
or by mail to the attention of Pharmacy Applications & Renewals  
483 Huron St, Toronto, ON M5R 2R4