

Drug Preparation Premises Closing Statement

Must be filed within **30 days** of a DPP closing

Di	Drug Preparation Premises Information							
	DPP Name:							
	DPP Address							
Α								
	Date of Closing:							
Di	Disposition of Controlled Substances (Narcotics, Controlled Drugs, Targeted Substances)							
	Name of Pharmacy, DPP <i>or</i> Wholesaler:			Accreditation Number:				
	Address:							
В	Addiess.							
	City/Town:		Province:	Postal Code:				
	Email:			Phone number:				
D :								
Dis	sposition of Prescription Drugs (Prescription	Orug List	t, Schedule I)					
Di	sposition of Prescription Drugs (Prescription I Name of Pharmacy, DPP <i>or</i> Wholesaler:	Orug List	t, Schedule I)	☐ Same as Section B Accreditation Number:				
Dis		Orug List	t, Schedule I)					
Dis	Name of Pharmacy, DPP <i>or</i> Wholesaler:	Orug List	Province:					
	Name of Pharmacy, DPP <i>or</i> Wholesaler: Address: City/Town:	Orug List		Accreditation Number: Postal Code:				
	Name of Pharmacy, DPP <i>or</i> Wholesaler: Address:	Orug List		Accreditation Number:				
	Name of Pharmacy, DPP <i>or</i> Wholesaler: Address: City/Town:	Drug List		Accreditation Number: Postal Code:				
С	Name of Pharmacy, DPP <i>or</i> Wholesaler: Address: City/Town:		Province:	Accreditation Number: Postal Code:				
С	Name of Pharmacy, DPP <i>or</i> Wholesaler: Address: City/Town: Email:		Province:	Accreditation Number: Postal Code: Phone number:				
С	Name of Pharmacy, DPP or Wholesaler: Address: City/Town: Email: sposition of Non-Prescription Drugs (Scheme)		Province:	Accreditation Number: Postal Code: Phone number: Same as Section C				
C	Name of Pharmacy, DPP or Wholesaler: Address: City/Town: Email: sposition of Non-Prescription Drugs (Schern Name of Pharmacy, DPP or Wholesaler: Address:		Province:	Postal Code: Phone number: Same as Section C Accreditation Number:				
С	Name of Pharmacy, DPP or Wholesaler: Address: City/Town: Email: sposition of Non-Prescription Drugs (Scheon Name of Pharmacy, DPP or Wholesaler:		Province:	Accreditation Number: Postal Code: Phone number: Same as Section C				
C	Name of Pharmacy, DPP or Wholesaler: Address: City/Town: Email: sposition of Non-Prescription Drugs (Schern Name of Pharmacy, DPP or Wholesaler: Address:		Province:	Postal Code: Phone number: Same as Section C Accreditation Number:				



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Di	sposition of Reco	☐ Same as Section D						
	Name of DPP:			OCP Reference Number:				
	Address:							
E	City/Town:		Province:	City/Town:				
	Email:	Phone number:						
	Disposition of Records Agreement To be completed by the Owner/Designated Member of the location accepting the records from the closing Drug Preparation Premise. I agree to accept the records from the Drug Preparation Premise 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 Owner/Designated Member accepting records: OCP Number: (if applicable)			Date:				
-	Email:	Phone number:						
Removal of Signs & Symbols Relating to the Premise								
F	Date removed:	removed: Additional Comments:						
Closing Statement Completed by								
	Signature of Owner		OCP Number: (if applicable)	Date:				
G	Email:		1	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

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