

# Drug Preparation Premises Closing Statement

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

## Drug Preparation Premises Information

<b>A</b>	DPP Name:	
	DPP Address	
	Date of Closing:	OCP Reference Number:

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

<b>B</b>	Name of Pharmacy, DPP 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

<b>C</b>	Name of Pharmacy, DPP 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

<b>D</b>	Name of Pharmacy, DPP or Wholesaler:		Accreditation Number:
	Address:		
	City/Town:	Province:	Postal Code:
	Email:		Phone number:

# Drug Preparation Premises Closing Statement

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Disposition of Records		<input type="checkbox"/> Same as Section D
Name of DPP:		OCP Reference Number:
Address:		
City/Town:	Province:	City/Town:
Email:		Phone number:
<b>E Disposition of Records Agreement</b>		
<p><i>To be completed by the Owner/Designated Member of the location accepting the records from the closing Drug Preparation Premise.</i></p> <p>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).</p>		
Signature of Owner/Designated Member accepting records:	OCP Number: (if applicable)	Date:
Email:		Phone number:

Removal of Signs & Symbols Relating to the Premise	
<b>F</b> Date removed:	Additional Comments:

Closing Statement Completed by		
<b>G</b> Signature of Owner	OCP Number: (if applicable)	Date:
Email:		Phone number:

Submit completed form by email to [pharmacyapplications@ocpinfo.com](mailto: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