

NOTIFICATION OF CHANGE OF CONTROL FOR DRUG PREPARATION ACTIVITIES

As per OCP By-Law Article 18.1 Change of Control, the Registrant must notify the College that a Change of Control has occurred for a Drug Preparation Premises:

Change of Control

18.1.1 In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect to such Drug Preparation Premises.

18.1.2 When used herein, the term “Change of Control” in respect of a Drug Preparation Premises means:

- a) Any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
- b) Any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- c) Any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- d) Any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- e) Any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- f) Any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises, in each case, by way of one or a series of related transactions.

Please complete the notification form, including payment for an inspection, and return it by email to pharmacyapplications@ocpinfo.com or by fax to 416-847-8399

Corporate Change

A	Type of Change (refer to 18.1.2 above):		
	Date of Change		

DPP Information

B	DPP Name			
	Street Address	City	Province	Postal Code
			ONTARIO	
	Email Address	Phone Number	Fax Number	

Corporate Information (Original Company that owned the DPP)

C	Corporation Name		
	Street Address		
	City	Province	Postal Code
	Phone Number	Fax Number	
	Corporation Contact		
	Corporate Contact Name		OCP Number (if applicable)
	Email Address		Phone Number

Corporate Information (New Company taking ownership of the DPP)

D	Corporation Name		
	Street Address		
	City	Province	Postal Code
	Phone Number	Fax Number	
	Corporation Contact		
	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 Personnel (only list registrants of the College)

E	Designated Member (serves as the contact person with the College)	
	Designated Member Name	OCP Number
	Others	
	Registrant Name	OCP Number
	Registrant Name	OCP Number
	Registrant Name	OCP Number
	Registrant Name	OCP Number

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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.

F

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 it to the attention of Pharmacy Applications & Renewals at 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.