

## Reporting Workplace Information & Supervision of an Pharmacist (Emergency Assignment) or Pharmacy Technician (Emergency Assignment)

As a Pharmacist (Emergency Assignment) or Pharmacy Technician (Emergency Assignment) registrant, I am providing my work place information and supervising pharmacist information as required by the Ontario College of Pharmacists.

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First Name Last Name (Surname) OCP Number

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Workplace Name		Pharmacy Accreditation Number (If applicable)	
Main Address (street #, street name)			
City/Town	Province	Postal Code - required (A1A 1A1)	
	ON		
Workplace Telephone Number	Extension	Workplace Email Address	Workplace Start Date
REQUIRED: For Statistical Purposes Only			
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Comments:			

### Supervising Pharmacist Information

Supervising Pharmacist's Name	Supervising Pharmacist's OCP Number	Start Date of Supervision
* To find a Pharmacy or Pharmacy Professional, click <a href="#">here</a> .		
<p>I acknowledge that I cannot begin to practise at the pharmacy indicated above until I have reported this information to the Ontario College of Pharmacists.</p> <p>I agree and understand that I must notify the College of any changes to my work place or supervising pharmacist.</p>		
Date	Emergency Assignment Registrant's Signature:	

The "signature", in any electronic format executed on this form is considered as equivalent to an original signature and shall have the same force and effect as an original or manual signature without limitation to a faxed, scanned and or electronically delivered version of an original signature in accordance to the [Personal Information Protection and Electronic Documents Act \(PIPEDA\) Part 2](#). Your signature or eSignature confirms the information and acknowledgments on this application form and your intent to complete the application form.

**If you have inquiries or to submit this form, email: [registrantservices@ocpinfo.com](mailto:registrantservices@ocpinfo.com)**