

Compounding Supervisor Notification Form For Community Pharmacies

Complete this form to add or remove compounding supervisors and to identify the compounding method they supervise.

A compounding supervisor is a Part A pharmacist or pharmacy technician who develops, organizes and oversees all activities related to compounding, as assigned by the pharmacy manager.

By default, the Designated Manager assumes the role of the compounding supervisor, however they may delegate the responsibilities to a Part A pharmacist or Part A pharmacy technician.

Pharmacy Information

A	Owner/Corporation Name:		
	Pharmacy Name:	Accreditation Number:	
	STREET ADDRESS	CITY	POSTAL CODE

Compounding Supervisor(s)

	Supervisor's Name	OCP Number	Compounding Supervisor of:			Effective Date DD-MMM-YYYY
			Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous	
B	1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	3)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	4)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	5)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	6)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	7)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	8)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Authorization

C	I hereby authorize the addition and/or removal of the compounding supervisor(s) listed above.			
	Print Name	OCP Number	Role	Signature/Date

Submit completed form by email to pharmacyapplications@ocpinfo.com, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4